Case 17-36645 Doc 1 Filed 12/11/17 Entered 12/11/17 13:46:03 Page 1 of 76 Document UNITED STATES BANKRUPTCY COURT Fill in this information to identify your case: NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: DEC 11 2017 Northern District of Illinois Case number (If known): Chapter you are filing under: JEFFREY P. ALLSTEADT, CLERK Chapter 7 Chapter 11 INTAKE ? Chapter 12 Check if this is an Chapter 43 amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/15 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Patricia government-issued picture First name identification (for example, First name your driver's license or Marie passport). Middle name Middle name Jackson Bring your picture identification to your meeting Last name Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of

(ITIN)

your Social Security

Identification number

number or federal Individual Taxpayer XXX

9 xx - xx -

xxx - xx - 5 3 8 6

9 xx - xx -____

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Marie

Jackson

Patricia

Debtor 1

ebtor 1 Fatticia IVia First Name Middle I		Case number (if known)		
i Distriction de la company				
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.		
the last 8 years Include trade names and	Business name	Business name		
doing business as names	Business name	Business name		
	EIN	EIN		
	EIN	EIN		
Where you live		If Debtor 2 lives at a different address:		
	5830 West Ohio Street	•		
	Number Street	Number Street		
	Chicago II 60644			
	City State ZIP Code	City State ZIP Co.		
•	Cook County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
	Number Street	Number Street		
	P.O. Box	P.O. Box		
	City State ZiP Code	City State ZiP Cod		
hy you are choosing is district to file for	Check one:	* Check one:		
ankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Natice Proquired by 11 U.S.C. § 342(b) for Individuals Filling Jane choosing to file under Check one. (For a brief description of each, see Natice Proquired by 11 U.S.C. § 342(b) for Individuals Filling Jane Choosing to file under Chapter 1 Chapter 12 I will pay the entire fee when I file my petition. Please check with the clerk's office in your Journal of Jane Proposed Check and the your may pay. Typically, if you are paying the fee local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with case, cashier's chack, or money order. If your stormey is submitting your perment on your behalf, your attormey may pay with a credit card or check with a pre-printed address. I need to pay the fee in Installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee to waited (You may request this option only if you are filing for Chapter 7. By levs, a judge may, but is not required to, waiter your paying the fee your handlinents). If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose this option, you must fill out the Application to Pay the fee in Installments. If you choose th	Debt	or 1	Patricia	Marie		Jacks	on		Case number (# Mon	WR)	_
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The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing be described by a choosing to file under Chapter 12		A31 T	di the Cou	rt About	Your Ba	okrant	cv Case				
Bankruptcy Code you are choosing to file under Chapter 7	Feil	1 2.	n die ooe				<u> </u>				
are choosing to file under Chapter 17					Check on for Benket	e. (For a iptcy (E 4	brief description 2010)). Also	n of each, see <i>Notic</i> e o, go to the top of pag	e Required by 11 t ge 1 and check the	J.S.C. § 342(b) for Individuals Filing appropriate box.	
Chapter 11 Chapter 12 Chapter 13 Chapter 14 Chapter 14 Chapter 14 Chapter 15 Cha	;	are choo			Chap	ter 7	Prui)				
I will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit or check with a pre-printed address. 2	1	unuei		1	Chap	ter 11	1				
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local court for more details about how you may pay. Typically, if you are eyourself, you may pay with cash, cor money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filling Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, only must fill out the Application to the Application to the Application to the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. I have you filed for bankruptcy within the last 8 years? I have you filed for District When Case number Case number District When District When Case number Case number Case number District When Case number Case number Case number District When Case number, if known Case number, if known Case number, or by an affiliate? I ho you rent your residence? I ho Go to line 12. Yes. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?				ā		. 3	-				
local court for more details about how you may pay. Typically, if you are ey yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, not must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Are you filed for bankruptcy within the last 8 years? Ave you filed for District				4	-	-			* · · · · · · · · · · · · · · · · · · ·		
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□ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for bankruptcy within the last 8 years? □ No □ District □ When MM / DD / YYYY □ District □ When MM / DD / YYYY □ Case number □ Ca				-	☑ I nee	d to pa	ı y the fee in i i for <i>Individual</i> is	nstallments. It you to Pay The Filing I	ı cnoose this op Fee in Installmei	nts (Official Form 103A).	
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District When MM / DD / YYYYY 10. Are any bankruptcy cases pending or being filed by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor		•				District		When		Case number	
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11. Do you rent your residence? No. Go to line 12. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?						Debtor				- · · · · · · · · · · · · · · · · · · ·	
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residence?							,		and the state of t	mand transfer programmer, and the second section of the section of	
No. Go to line 12.	- 11 :				Ø No. □ Yes.	Has yo	our landlord obt	ained an eviction jud	gment against you	and do you want to stay in your	
Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.									Eviction Judgmen	t Against You (Form 101A) and file it wii	h

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Debtor 1	<u>Patricia</u>	Marie	9	Jackson	Case number (if known)					
	First Name	Middle Name		Last Name	OCCO HATTING IN NOTHING					
	•									
Part 3:	Report Abou	t Any Bu	sines	ses You Own as a S	Sole Proprietor					
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	ou a sole prop		🗷 No.	Go to Part 4.						
of any busin	y full- or part-t	ime	□ v _{oo}	. Name and location of	D					
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	ess you operate a									
	ual, and is not a ite legal entity suc	oh oo		Name of business, if any	y					
	oration, partnersh			N						
LLC.				Number Street						
	nave more than o roprietorship, use									
separa	ite sheet and atta									
to this (petition.			City	State ZIP Code					
				Check the appropriate	e box to describe your business:					
				☐ Health Care Busine	ness (as defined in 11 U.S.C. § 101(27A))					
				☐ Single Asset Real I	l Estate (as defined in 11 U.S.C. § 101(51B))					
				☐ Stockbroker (as de	fefined in 11 U.S.C. § 101(53A))					
				☐ Commodity Broker	er (as defined in 11 U.S.C. § 101(6))					
				☐ None of the above	- · · ·					
3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business			a <i>n set i</i> nost red	<i>appropriate deadlines.</i> I ent balance sheet, state	11, the court must know whether you are a small business debtor so that it If you indicate that you are a small business debtor, you must attach your atement of operations, cash-flow statement, and federal income tax return or if it exist, follow the procedure in 11 U.S.C. § 1116(1)(B).					
debtor For a de	efinition of small	ũ	🛮 No.	l am not filing under Ch	Chapter 11.					
busines	ss debtor, see C. § 101(51D).	C	No.	 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. 						
			Yes.	es. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.						
Part 4:	Report if You	Own or i	Have /	Any Hazardous Proj	operty or Any Property That Needs Immediate Attention					
	own or have		1 No							
	ty that poses o I to pose a thro		Yes.	What is the hazard?						
of imm	inent and									
	iable hazard to									
	health or safel you own any	L y r								
proper	ty that needs			If immediate attention	n is needed, why is it needed?					
	iate attention?			ii iiiii dada dadanari	7 S Hooded, why is it record:					
perishab that mus	mple, do you own ble goods, or lives st be fed, or a buil ds urgent repairs	stock Iding								
		-		Where is the property?	0					
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					City State ZIP Code					

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Debtor 1

Patricia Marie

Jackson

Case number (if known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a briefing about	out
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-36645 Doc 1 Filed 12/11/17 Entered 12/11/17 13:46:03 Desc Main Document Page 6 of 76

Case number (if known)

	NAME AND A SECOND OF THE SECON	16a. Are vour debts prima	rily consumer dehts? Consumer de	hts are defined in 44.11.5.0. 5.404/0					
	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b.							
		Yes. Go to line 17,							
		16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
		No. Go to line 16c. Yes. Go to line 17.							
		16c. State the type of debts you	owe that are not consumer debts or bu	siness debts.					
	Are you filing under Chapter 7?	No. I am not filing under Cl	napter 7. Go to line 18. \mathcal{PW}_{j}	Mett der St. de frei Angele And Crope (Crope (Crope) Stephensweg proper Laboration for Growth (Crope) and Laboration for Growth (Crope) and Crope (Crope) and Cro					
I	Do you estimate that after any exempt property is	Yes. I am filing under Chapt administrative expense	er 7. Do you estimate that after any exer is are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?					
•	excluded and administrative expenses	□ No		distribute to unscoured elegators;					
2	are paid that funds will be	Yes							
	available for distribution to unsecured creditors?								
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520000	Marketone .	□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion					
rt	74 Sign Below								
ry	you	сопест.	d I declare under penalty of perjury that						
		If I have chosen to file under Cha of title 11, United States Code. I under Chapter 7.	pter 7, I am aware that I may proceed, it understand the relief available under eac	feligible, under Chapter 7, 11,12, or 13 th chapter, and I choose to proceed					
		If no attorney represents me and this document, I have obtained as	I did not pay or agree to pay someone v nd read the notice required by 11 U.S.C.	who is not an attorney to help me fill out § 342(b).					
			the chapter of title 11, United States Co						
		I understand making a false state with a bankruptcy case can result 18 ♥.S.C. §§ 152, 1341, 1519, ar	ment, concealing property, or obtaining tin fines up to \$250,000, or imprisonmer ad 3571.	money or property by fraud in connection tfor up to 20 years, or both.					
	<	* atrices a	Uson x						
		Signature of Debtor 1	Signature	of Debtor 2					
		Executed on <u>12/18/2017</u>	Executed	on					

Patricia First Name

Debtor 1

Marie Middle Name Jackson Last Name Case 17-36645 Doc 1 Filed 12/11/17 Entered 12/11/17 13:46:03 Desc Main Document Page 7 of 76

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or your attorney, if you are epresented by one	I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of t available under each chapter for which the petter notice required by 11 U.S.C. & 3/3/(b) and	itte 11, United States Code, a rson is eligible. Lalso certify:	nd have	expla e de	sined the relief
you are not represented by an attorney, you do not	the notice required by 11 U.S.C. § 342(b) and knowledge after an inquiry that the information	4)(D) app ne petitio	olies, n is it	certify that I have no accorrect.	
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Debtor	1	

Patricia Ma

Marie Jackso

Jackson

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be familiar with any state exemption laws that apply.	, sales is made aloo
Are you aware that filing for bankruptcy is a serious a consequences?	ction with long-term financial and legal
□ No	
🛭 Yes	
Are you aware that bankruptcy fraud is a serious criminaccurate or incomplete, you could be fined or impris	e and that if your bankruptcy forms are oned?
☐ No ☑ Yes	
Did you pay or agree to pay someone who is not an al	ttorney to help you fill out your bankruptcy forms?
Yes. Name of Person	
Attach Bankruptcy Petition Preparer's Notice, De	claration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the r	icks involved in 6th a cut to the
have read and understood this notice, and I am aware	that filing a hankruptcy case without an
attorney may cause me to lose my rights or property if	I do not properly handle the case.
* atucia Sailson 3	C
Signature of Debtor 1	Signature of Debtor 2
Date 12/18/2017 2-11-2-017	Date MM / DD / YYYY
Contact phone (773) 287-5686	Contact phone
Cell phone (312) 508-9825	Cell phone
Email address patrish66@outlook.com	Email address

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Patricia	Mario	Jackson
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
	First Name	First Name Middle Name

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	450.047.50
1a. Copy line 55, Total real estate, from Schedule A/B	<u>\$ 152,217.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 4,243.73
1c. Copy line 63, Total of all property on Schedule A/B	\$ 156,460.73
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$\$,667.58
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	. \$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 16,451.59
Your total liabilities	\$ 21,119.17
art 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I)	£ 700 F0
Copy your combined monthly income from line 12 of Schedule I	\$5,768.59
Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	_s 1,338.73

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				Document	Page 10 of 76	6		
Debtor 1	Patricia First Name	Middle Name	Marie Last Name	Jackson	Case	number (# known))	
Part 4:	Answer Th	ese Questi	ons for Adminis	strative and Sta	tistical Records	•		
	o. You have not		ier Chapters 7, 1		ox and submit this form	n to the court t	with your othe	er schedules.
Ø y∉ fa ☐ y∈	our debts are no	rimarily cons old purpose." of ot primarily court with your c	onsumer debts. \text{\text{ther schedules}.}	You have nothing to	ose "incurred by an ind for statistical purposes o report on this part of	s. 28 U.S.C. §	159.	
8. From Form	the Statement	of Your Curr	ent Monthly Incor	ne: Copy your total orm 122C-1 Line 14		ne from Officia	3]	\$ 700.00
B. Copy t	the following sp	ecial catego	ries of claims fro	m Part 4, line 6 of	Schedule E/F:	· .		the administration of the control of
From	n Part 4 on <i>Sche</i>	edule E/F, co	py the following:) 	Total claim		
9a. Doi	mestic support o	bligations (Co	py line 6a.)			\$	0.00	
9b. Tax	es and certain o	ther debts yo	u owe the governn	nent. (Copy line 6b	.)	\$	0.00	
			y while you were ir	ntoxicated. (Copy li	ne 6c.)	\$	0.00	
	dent loans. (Cop	•				\$	0.00	
prio	gations arising o rity claims. (Cop	out of a separa y line 6g.)	ation agreement or	divorce that you d	id not report as	\$		

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

0.00

0.00

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Fill in t	nis information to ide	entify your case and	this filing:			
Debtor 1	Patricia	Marie	Jackson			
Debtor 2	First Name	Middle Name	Last Name			
	filing) First Name	Middle Name	Last Name			
United S	ates Bankruptcy Court fo	or the: Northern District	of Illinois			
Case nui	nber				Check if this is an	
· ····································					amended filing	
Offic	ial Form 106	SA/B				
Scl	nedule A/	B: Proper	ty		12/15	
respon	y where you think it sible for supplying c our name and case n	fits best. Be as com orrect information. If umber (if known). Ar	ems. List an asset only once. If an asset fits in more plete and accurate as possible. If two married peopi more space is needed, attach a separate sheet to the swer every question. g, Land, or Other Real Estate You Own or Ha	le are filing together, b nis form. On the top of	oth are equally	
1. Do vo			rest in any residence, building, land, or similar prop			
□ N	o. Go to Part 2.		rest in any residence, building, land, or similar prop	erty?		
2 Y	es. Where is the prope	erty?				
	F000144 14 01 1		What is the property? Check all that apply. Single-family home	Do not deduct secured of	laims or exemptions. Put	
1.1.	5830 West Ohio Street address, if availal		Duplex or multi-unit building	the amount of any secured claims on Schedu Creditors Who Have Claims Secured by Prop		
	,		Condominium or cooperative Manufactured or mobile home	Current value of the		
	,,	***************************************	- 🚨 Land	entire property? \$ 152,217.00	portion you own? \$ 76,108.50	
	Chicago	IL 60644		<u> </u>	¥	
	City	State ZIP Cod	Timeshare Other	Describe the nature interest (such as fee	simple, tenancy by	
			Who has an interest in the property? Check one.	the entireties, or a life		
	Cook		Debtor 1 only	tenancy by entiret	ies	
	County		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity property	
			At least one of the debtors and another	(see instructions)	minumity property	
			Other information you wish to add about this it	em, such as local		
If you	own or have more that	n one, list here:	property identification number:			
			What is the property? Check all that apply.	Do not deduct secured cl	sims or exemptions. Put	
1.2.			 ☑ Single-family home □ Duplex or multi-unit building 	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:	
	Street address, if availab	le, or other description	Condominium or cooperative		* *	
			☐ Manufactured or mobile home	entire property?	Current value of the portion you own?	
			Land investment property	\$	\$	
	City	State ZIP Code	Timochara	Describe the nature of	f your ownership	
	•	2 2000	Other	interest (such as fee the entireties, or a life	simple, tenancy by e estate), if known.	
			Who has an interest in the property? Check one.			
	County		Debtor 1 only Debtor 2 only			
,	oodiny		Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property	
			At least one of the debtors and another	(see instructions)		
			Other information you wish to add about this item property identification number:	n, such as local		
			, and the second			

Debtor 1	Patricia First Name Midde	Marie Last Name	Jackson	Page 12 of 76 Case number	9ľ (il known)	
1.3.	Street address, if availab	le, or other description	What is the property? Single-family home Duplex or multi-unit to Condominium or cool	ouilding perative	the amount of any sec	d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property. The Current value of the portion you own?
	City	State ZIP Code	Land Investment property Timeshare Other Who has an interest in	the property? Check or	interest (such as for the entireties, or a	e of your ownership ee simple, tenancy by life estate), if known.
	County		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Other information you property identification	otors and another wish to add about this	(see instructions	community property)
you h	ave attached for Part	1. Write that number	here		→	. [
nt 2:	Describe Your	/ehicles				
you o u own t	wn, lease, or have leg hat someone else drive vans, trucks, tractors	al or equitable interess. If you lease a vehicle	st in any vehicles, wheth e, aiso report it on <i>Schedu</i> s, motorcycles	er they are registered onle G: Executory Contrac	or not? Include any vehic ets and Unexpired Leases.	les
Cars, No. 20 Yes	wn, lease, or have leg hat someone else drive vans, trucks, tractors	al or equitable interess. If you lease a vehicle	e, also report it on <i>Schedu</i>	the G: Executory Contract the property? Check one only tors and another	e. Do not deduct secured the amount of any secu	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. e Current value of the portion you own?
Cars, No 2 Ye 3.1.	wn, lease, or have leg that someone else drive vans, trucks, tractors of es Make: Model: Year: Approximate mileage:	chevy Malibu Max: 2005 183,000	who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb	the property? Check one only tors and another munity property (see	e. Do not deduct secured the amount of any secured the arrow who Have Classification with the entire property? \$ 2,200.00 Do not deduct secured of the amount of any secured the amount of any secured of the amount of a	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$ 2,200.00 Claims or exemptions. Put red claims on Schedule D: aims Secured by Property.

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3.

First Name Middle Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3 Make. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 3.4. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Patricia

Debtor 1

Doc 1

Marie

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Debtor 1

Patricia First Name

Marie

Document_n

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Part 3: **Describe Your Personal and Household Items**

Middle Name

Do	you own or have any h	egal or equitable interest in any of the following items?	Current value portion you ov Do not deduct se or exemptions.	wn?
6.	Household goods and	furnishings		
	Examples: Major appliar	nces, furniture, linens, china, kitchenware		
	☐ No			
	Yes. Describe	Living room furniture, Dining room Furniture, kitchen appliances, major appliances (stove, refrigerator) Bed,	\$	500.00
7.	Electronics			
		and radios; audio, video, stereo, and digitał equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
		Television, stereo, VHS, DVD players, printer, computer	\$	500.00
8.	Collectibles of value			
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
		artwork, books, figurines	\$	150.00
9.	Equipment for sports a	nd hobbies		
	Examples: Sports, photo and kayaks; o	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	☑ No		equipment of the second of the	
	Yes. Describe		\$	
	,		ļ	
10.	Firearms	the beautiful and the beautifu		
	No No	shotguns, ammunition, and related equipment		
	Yes. Describe		\$	
11.	Clothes			
	Examples: Everyday clot	hes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe	everyday clothes, coats, shoes	\$	400.00
12.	Jewelry			
	gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	No Yes. Describe	costume jewelry, wedding band	\$	100.00
	Non-farm animals Examples: Dogs, cats, bit	rds, horses		
	2 No			
	Yes. Describe		\$	···
14.	Any other personal and	household items you did not already list, including any health aids you did not list		
	No No			
	Yes. Give specific information.		\$	
		all of your entries from Part 3, including any entries for pages you have attached →	\$1	1,650.00

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Debtor 1

Patricia

Marie

Document

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First Name Middle Name

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Part 4: **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☑ No ☐ Yes..... 0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No **2** Yes..... Institution name: Bank of America 0.00 17.1. Checking account: Capitol One 0.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Z No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

Z No

☐ Yes. Give specific

information about

them.....

Name of entity:

% of ownership:

%

%

0%

0%

0%

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Anı	nuities (A contract for	r a periodic payment of money to you, either for life or for a number of years)	
	No		
	Yes	Issuer name and description:	
			\$
			\$
			\$

Document, Page 17 of 76 Patricia Marie Debtor 1 Case number (if know First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Z No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Z No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else Z No Yes. Give specific information......

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Document Page 18 of 76 Patricia Marie Debtor 1 First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... Liberty Mutual-6 policies Patricia Jackson 3 children 222.63 3 grandchildren 171.10 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **2** No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No No Yes. Describe each claim... 35. Any financial assets you did not already list Z No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 393.73 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned 2 No Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Z No Yes. Describe....

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Debtor 1 Patricia Marie Document Page 19 of 76 First Name Middle Name Last Name Page 19 of 76 Case number (if And	ожо)	
40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
☑ No		
Yes. Describe		\$
	1977 C 177 (177 A 17 A 187	of the transport
41. Inventory		
✓ No ☐ Yes. Describe	5.654.55a	· · · · · · · · · · · · · · · · · · ·
La Tes. Describe		\$
42. Interests in partnerships or joint ventures		
No		
☐ Yes Describe) of our one bin.	
- Total Control Contro	% of ownership: %	r.
	^ %	\$ \$
	%	\$
•		
43. Customer lists, mailing lists, or other compilations		
Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	•	
□ No.		
Yes. Describe		
		\$
44. Any business-related property you did not already list		one and
■ No		
Yes. Give specific information		\$
mornauon		\$
		\$

		\$
		\$
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attack for Part 5. Write that number here	hed	\$0.00
101 Fait 3. Write trat number nere	······ →	
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have	an Interest	ln.
If you own or have an interest in farmland, list it in Part 1.		
46 Do yang or house and local and if his interest in the second of the s	_	
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related propert Mo. Go to Part 7.	y?	
Yes. Go to line 47.		
		Current value of the
		portion you own?
		Do not deduct secured claims or exemptions.
47. Farm animals Everynles: Livestack, poultry, form relead fich		
Examples: Livestock, poultry, farm-raised fish No		
Q Yes		and the same of th
		\$

47.

48. Crops—either growing or harvested 2 No Yes. Give specific information	Debtor 1	Case 17-36645	Doc 1 Marie	Filed 12/11/17 Document	Entered Page 20	d 12/11/17 13:46:03 of 76	Desc Main
As Farm and flishing equipment, implements, machinery, fixtures, and tools of trade	Deolos	First Name Middle Name				Case number (if known)	
As Farm and flishing equipment, implements, machinery, fixtures, and tools of trade	40 0	n:4h nu annoncio a no b no no a					
Second and fishing equipment, implements, machinary, fixtures, and tools of trade No							
46 Farm and flahing equipment, implements, machinery, fixtures, and tools of trade No	Yes.	. Give specific	- Perform to the Contribution to the Contribution of the Contribut	NOTE CONTROL OF LIGHT AND A STOLEN AND AND AND AND AND AND AND AND AND AN			V
No	infor	mation			50 M 200 M 201 M 200 M 201 M 2		\$
Yes Solution Sol		d fishing equipment, impl	lements, machi	inery, fixtures, and to	ols of trade		
50. Farm and fishing supplies, chemicals, and feed No			**************************************				personal deposition of
50. Farm and fishing supplies, chemicals, and feed No							\$
S1. Any farm- and commercial fishing-related property you did not already list No	50. Farm an				and the second section of the second section of the section of the section of the section of the second section of the second section of the		NAA-AA-Nardens Ball
\$							
51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.	Yes.	year agences a top most 1, pp p p p and top 1, pp p p p p p p p p p p p p p p p p	**************************************		4. 1744. http://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.100	THE PROPERTY OF A STATE OF THE	
No							\$
Yes. Give specific Information		n- and commercial fishing	j-related proper	rty you did not alread	y list		
\$ 0.00 Port 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 5. Do you have other property of any kind you did not already list? Examples: Season texts, country dub membership ✓ No □ Yes. Give specific information	Yes.				, , , , , , , , , , , , , , , , , , ,		
Fort 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season lickets, country club membership No	inforr		***************************************		ACC 1872 (1974 1974 1974 1974 1974 1974 1974 1974	an community to the first of the first of the second second contract of the second second second second second	\$
Port 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season lickets, country club membership 1 No 1 Yes. Give specific information							\$ 0.00
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No	for Part	6. Write that number here	***************************************				
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No							
No Yes. Give specific information	53. Do you l	have other property of any	y kind you did n				
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•	- Cousti tokota, Country Cita II	•	and the second s	t that i had that I had that his Art succession his description of proceedings for the succession of t		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							\$
\$ List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$ 152,217.00 56. Part 2: Total vehicles, line 5 \$ 2,200.00 57. Part 3: Total personal and household items, line 15 \$ 1,650.00 58. Part 4: Total financial assets, line 36 \$ 393.73 59. Part 5: Total business-related property, line 45 \$ 50. Part 6: Total farm- and fishing-related property, line 52 \$ 51. Part 7: Total other property not listed, line 54 + \$ 52. Total personal property. Add lines 56 through 61. \$ 4,243.73	intorn	nation				N VPT GOTA A ALA	\$
Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2			Title (Color of the Color of th		The Control of the Section Control of the Control o		\$
Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2	54. Add the	dollar value of all of your	entries from Pa	ort 7. Write that numb	er here	·····-	\$
\$ 152,217.00 \$ 2,200.00 \$ 1,650.00 \$ 393.73 \$ 9. Part 5: Total business-related property, line 45 \$ 0. Part 6: Total farm- and fishing-related property, line 52 \$ 1,050.00 \$ 1,650.00 \$ 2,200.00 \$ 393.73 \$ 2,200.00 \$ 393.73 \$		·				-	
\$ 152,217.00 \$ 2,200.00 \$ 1,650.00 \$ 393.73 \$ 9. Part 5: Total business-related property, line 45 \$ 0. Part 6: Total farm- and fishing-related property, line 52 \$ 1,050.00 \$ 1,650.00 \$ 2,200.00 \$ 393.73 \$ 2,200.00 \$ 393.73 \$	Part 8:	liet the Totale of Es	anh Dart of f	thic Farm			
\$ 2,200.00 57. Part 3: Total personal and household items, line 15 \$ 1,650.00 58. Part 4: Total financial assets, line 36 \$ 393.73 59. Part 5: Total business-related property, line 45 50. Part 6: Total farm- and fishing-related property, line 52 \$ 51. Part 7: Total other property not listed, line 54 \$ 4,243.73 Copy personal property total \$ 4,243.73		List the rotals of Ea	ica rait of t	uns rorm			
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\$ 393.73 \$ 393.	56. Part 2: T c	otal vehicles, line 5		\$	2,200.00	•	
\$ 393.73 \$ 393.	57. Part 3: To	otal personal and househo	old items. line 1	 15	1,650.00		
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			,	¢	393.73	-	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		·		φ		···	
** ** ** ** ** ** ** ** ** ** ** ** **				\$			
\$2. Total personal property . Add lines 56 through 61		-		ne 52 \$	P-1	•	
· ·	61. Part 7: To	otal other property not list	ed, line 54	+ \$	**************************************	<u>-</u>	
· ·	62. Total pers	sonal property. Add lines 5	i6 through 61	\$	4,243.73	Copy personal property total	→ + _{\$} 4,243.73
3. Total of all property on Schedule A/B. Add line 55 + line 62.					en des administrativos (mp. 100, 100, 100, 100, 100, 100, 100, 100	<u>.</u>	
Ψ	63. Total of a	Il property on Schedule A	/B. Add line 55 ∈	+ line 62			s 156,460.73
			·= 				*

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	informat					
Debtor 1	Patric First Nam		rie Name	Jackso Last Name	<u>n</u>	
Debtor 2 (Spouse, if fili	ing) First Nam	Miride	Name	Last Name		
		tcy Court for the: Northern				
Case numb		toy Court for and recording	District of fair	1013		Check if this is an
(if known)						amended filing
Official				4 16		
sche	aule	: C: The P	roper	ty You	Claim as Exemp	04/16
ecific dol any appli tirement f	lar amoui cable sta unds—ma	nt as exempt. Alternati tutory limit. Some exe ay be unlimited in doll	ively, you ma mptions—su ar amount. H	ey claim the full ich as those for lowever, if you	mount of the exemption you claim. (fair market value of the property bei health aids, rights to receive certain claim an exemption of 100% of fair m	ing exempted up to the amount benefits, and tax-exempt narket value under a law that
Part 1: Which s	Identify set of exe	the Property You C	ramount. Claim as Ex ing? Check onbankruptcy	empt one only, even if exemptions. 11	property is determined to exceed the your spouse is filing with you. U.S.C. § 522(b)(3)	at amount, your exemption
Part 1: Which s You You For any	Identify set of exe are claim are claim	the Property You Comptions are you claim ing state and federal noting federal exemptions.	r amount. Claim as Ex Ining? Check of Inbankruptcy of 11 U.S.C. §: A/B that you	one only, even if exemptions. 11 522(b)(2)	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below.	
Part 1: Which s You You For any	Identify set of exe are claim are claim property escription	the Property You Comptions are you claiming state and federal noting federal exemptions. You list on Schedule	r amount. Claim as Ex Ining? Check of Inbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to	empt one only, even if exemptions. 11 522(b)(2) claim as exemp	your spouse is filing with you. U.S.C. § 522(b)(3)	Specific laws that allow exemption
Part 1: Which s You You For any Brief d Schedu	Identify set of exe are claim are claim property escription ule A/B tha	the Property You Comptions are you claiming state and federal nothing federal exemptions. You list on Schedule and of the property and line at lists this property	claim as Ex sing? Check of conbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to Schede	empt one only, even if exemptions. 11 522(b)(2) claim as exemp it value of the in you own the value from ule A/B	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Part 1: Which s You You For any Brief d	Identify Identify Set of exe I are claim I property I escription I le A/B thi	the Property You Comptions are you claim ing state and federal noting federal exemptions. You list on Schedule and of the property and line	claim as Ex sing? Check of conbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to Schede	empt one only, even if exemptions. 11 522(b)(2) claim as exemption a	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim	Specific laws that allow exemption
Part 1: Which s You You For any Brief d Schedu	Identify Identify set of exe are claim are claim property escription ule A/B that tion:	the Property You Comptions are you claiming state and federal noting federal exemptions. You list on Schedule of the property and line at lists this property Single Family Hom	claim as Ex sing? Check of conbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to Schede	empt one only, even if exemptions. 11 522(b)(2) claim as exemp it value of the in you own the value from ule A/B	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption \$	Specific laws that allow exemption
Part 1: Which s You You Refer descript Line fro Schedu	Identify Identi	the Property You Comptions are you claiming state and federal noting federal exemptions. You list on Schedule and of the property and line at lists this property Single Family Hom	claim as Ex sing? Check of conbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to Schedu	cempt one only, even if exemptions. 11 522(b)(2) claim as exemption	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption \$	Specific laws that allow exemption $\frac{735 L 5/12 - 90 }{}$
Part 1: 1. Which s You You 2. For any Brief d Schedu Brief descript Line fro Schedu Brief for Schedu	Identify Identify set of exe are claim are claim property lescription ule A/B that tion: m le A/B:	the Property You Comptions are you claim ing state and federal noting federal exemptions. You list on Schedule and of the property and line at lists this property Single Family Hom 1.1	claim as Ex sing? Check of conbankruptcy of 11 U.S.C. § A/B that you e on Currer portion Copy to Schedu	cempt one only, even if exemptions. 11 522(b)(2) claim as exemption	your spouse is filing with you. U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption \$	Specific laws that allow exemption $\frac{735 L 5/12 - 90 }{}$

V No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Fill in this information to identify your case	o)			
Debtor 1 Patricia Marie	Jackson			
First Name Middle No.	ame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle No.	ame Last Name			
United States Bankruptcy Court for the: Northern I	District of Illinois			
Case number (If known)			☐ Chec	k if this is an
(n ntown)				nded filing
Official Form 106D		ar by mana.	_	
Schedule D: Creditors	s Who Have Claims Secu	rea by Pro	perty	12/15
	if two married people are filing together, both are the Additional Page, fill it out, number the entrie			
additional pages, write your name and cas		s, and altach it to this	tom. On the top	or any
A Day was an although house at a fine a second day				
Do any creditors have claims secured by No. Check this box and submit this form	, your property : ι to the court with your other schedules. You have no	thing else to report on t	this form	
Yes. Fill in all of the information below.	to the court man your outer contended. For have no	amig clos to report or t	eno torrit	
Part II List All Secured Claims				
2 List all secured claims. If a creditor has m	ore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If more than one creditor ha	is a particular claim, list the other creditors in Part 2.	Do not deduct the	Value of collatera that supports this	"我们""最后,我们就是一种严格的最后,我们就
As much as possible, list the claims in alpha	abetical order according to the creditor's name.	value of collateral.	claim	If any
2.1 TitleMax of Illinois	Describe the property that secures the claim:	\$ <u>4,667.58</u>	\$2,200.00	0 \$
Creditor's Name	2005 Chevrolet Malibu Maxx			
2835 N. Harlem Avenue	2005 Chevrolet Maillou Maxx			
	As of the date you file, the claim is: Check all that app	oly.		
Classican Provil (6707	Contingent			
CIMWOOD PARKIL 60707 City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secure	d		
Debtor 2 only	car loan)	•		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a tawsuit			
At least one of the debtors and another	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred 06/27/2017	Last 4 digits of account number 6 6 2 7			
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		***************************************		
Number Street				
	As of the date you file, the claim is: Check all that app	Hy.		
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secure)	1		
Debtor 2 only	car loan)	-		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
☐ At least one of the debtors and another	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
	olumn A on this page. Write that number here:	* \$		inangari hidalisiarah setikuniarah kalimilik parjamuniara dialika ipab sehimi

Entered 12/11/17 13:46:03 Case 17-36645 Doc 1 Filed 12/11/17 Desc Main Page 23 of 76 Document Fill in this information to identify your case: Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: No CHERADistrict of Check if this is an (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority 2.1 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated ☐ No Other. Specify ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated is the claim subject to offset? Other, Specify ☐ No

Yes

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	а.		THE	-	

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured No. You have nothing to report in this part. S Yes					
4.	List all of your nonpriority unsecured claims nonpriority unsecured claim, list the creditor septincluded in Part 1. If more than one creditor hold claims fill out the Continuation Page of Part 2.	arately for each cl	laim Enreach claim lieted identificut	at tuna of alaim it is. Do s.	.4 5:-4 -1-	Same at the second second
4.1	7				Tota	ıl claim
C.,	ATT Mobility Nonpriority Creditor's Name		Last 4 digits of account number	1 9 0 7		4 007 00
	• •		When was the debt incurred?	05/05/2015	\$	1,337.62
	PO Box 6416 Number Street		**ilen was the dept incurred?	05/05/2015		
	Carol Strream Illinois	60197				
	. City State	ZIP Code	As of the date you file, the claim	is: Check all that anniv		
				ter onook da thet apply.		
	Who incurred the debt? Check one.		☐ Contingent☐ Unliquidated			
	Debtor 1 only		Disputed			
	Debtor 2 only		Ca Disputed			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another		☐ Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ	otion company as discuss		
			that you did not report as priority	claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing	plans, and other similar debt	s	
	☐ No ☐ Yes		☑ Other. Specify Cell Phone			
	₩ Yes					
4.2	ATT Mobility	N. Protesta de la servición de casa esta la mode este encomo a servición de la como de la como de la como de l	Last 4 digits of account number	6 4 8 4	WA-CAMBABAAAA	45.32
_	Nonpriority Creditor's Name			<u>6 4 8 4</u> 02/11/2011	\$	40.02
	PO Box 8100		mich was the dept hickned?	OL/TI/LOT		
	Number Street					
	Aurora Illinois	60507	As of the date you file, the claim	is: Check all that apply.		
	City State	ZIP Code	☐ Contingent	,		
	Who incurred the debt? Check one.		Unliquidated			
	Debtor 1 only		Disputed			
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecur	ed claim:		
	At least one of the debtors and another		☐ Student loans			
	D charlester and the		Obligations arising out of a separa	tion agreement or divorce		
	☐ Check if this claim is for a community debt		that you did not report as priority of	laims		1
	Is the claim subject to offset?		Debts to pension or profit-sharing	plans, and other similar debts		1
	□ No □ Yes		Other. Specify Cell Phone			
	— Yes ——————————————————————————————————					
4.3	ATT Wireless			t (ett och in kine dett i kontrolen folket i poesiinist mosten et verinni tink mel met i prisitt i velinnittin	t de Stelle et den versenten a versenten er	a transformation company of the provided and the company of the co
	Nonpriority Creditor's Name	·	Last 4 digits of account number	· · ·	\$	41.80
	PO Box 8229		When was the debt incurred?	02/04/2004		
	Number Street					
	Aurora Illinois	60572	 As of the date you file, the claim is 			
	City State	ZIP Code		s: Cneck all that apply.		
	Who incurred the debt? Check one.		Contingent			
	Debtor 1 only		Unliquidated			
	Debtor 2 only		☐ Disputed			
	Debtor 1 and Debtor 2 only		Type of NONDRIGHTY uncome	and makes to a		
	☐ At least one of the debtors and another		Type of NONPRIORITY unsecure	o ciaim:		
	☐ Check if this claim is for a community debt		Student loans			*
			Obligations arising out of a separat that you did not report as priority class.	ion agreement or divorce		
	Is the claim subject to offset?		Debts to pension or profit-sharing p			
	☐ Yes		Other. Specify Cell phone	Surer Sirting GCDIS		}
	100					
	Control of the Contro					i

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Part 2:

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Your NON	PRIORITY	Unsecured	Claims —	Continuation	Page
our NON!	PRIORITY	Unsecured	Claims -	Continuation	Page
					9-

red? 01/07/2004 e claim is: Check all that apply. Insecured claim: a separation agreement or divorce that the claims behaving plans, and other similar debts and the claims aumber 9 6 3 8 ed? 05/01/2017		304.56
e claim is: Check all that apply. Insecured claim: a separation agreement or divorce the rity claims I-sharing plans, and other similar debts I-shone	a t	304.56
insecured claim: a separation agreement or divorce the rity claims -sharing plans, and other similar debts none umber 9 6 3 8		304.56
insecured claim: a separation agreement or divorce the rity claims -sharing plans, and other similar debts none umber 9 6 3 8		304.50
a separation agreement or divorce the rity claims the sharing plans, and other similar debts none.		304.56
a separation agreement or divorce the rity claims the sharing plans, and other similar debts none.		304.56
a separation agreement or divorce the rity claims the sharing plans, and other similar debts none.		304.56
rity claims t-sharing plans, and other similar debts none umber 9 6 3 8		304.50
desharing plans, and other similar debts	S MATERIAL PROGRAMMENT AND	304.5
umber <u>9 6 3 8</u>	Mortuusissa kairituusika alka elimeeti ka s	304,50
	Mariani producti est	304.50
	series en mentre en series de la constante de	304.5
ed? 05/01/2017	· · · · · ·	
EG! 00/01/2017		
claim is: Check all that apply.		
secured claim:		
separation agreement or divorce that	t	
ty claims		
snaring plans, and other similar debts		
and environs or properties of the contract of	e de la company de la compa	**************************************
mber <u>4 7 1 7</u>	Ψ	
d? 10/14/2003		
claim is: Check all that apply.		
secured claim		
ossiso Gairi,		
Separation agreement or divorce that		
/ claims		
haring plans, and other similar debts		
	a separation agreement or divorce that ity claims sharing plans, and other similar debts tone	a separation agreement or divorce that rity claims sharing plans, and other similar debts tone simber 4 7 1 7 ad? 10/14/2003 claim is: Check all that apply. secured claim: separation agreement or divorce that y claims

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Last Name

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	ter listing any entries on this page, n	umber th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.7	J Columbia House Video Club			Last 4 digits of account number 6 3 7 5	s 65.95
	Nonpriority Creditor's Name PO Box 1114			When was the debt incurred? 04/01/2004	Y
	Number Street Terre Haute	IN	47811	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes		ZIP Code	 ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Videos 	
4.8	Columbia House DVD Club Nonpriority Creditor's Name	ira ida alika alika da pertenangan da pendinasan da sebagai a	ra ing unag propenga 2000 na unag ang ga pang ga pang pang ang pang ang ang ang ang ang ang ang ang ang	Last 4 digits of account number 5 4 1 9	\$80.18
	PO Box 114			When was the debt incurred? $04/01/2004$	
	Number Street Terre Haute	IN	47811	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communist he claim subject to offset? No Yes	nity debt		Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify DVD's	
4.9	Ice Mountain Spring Water			Last 4 digits of account number 0 7 5 9	\$ <u>311.63</u>
	6661 Dixie HWY, Suite 4			When was the debt incurred? 01/09/2009	
	Louisville	KY	40258	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communitie the claim subject to offset? No Yes	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Water Delivery	

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Part 2:

After listing any entries on thi	s page, number	them beginning w	ith 4.4, followed by 4.5, and so forth.	Total claim
Geico Casualty Comp	pany		Last 4 digits of account number 3 2 2 2	s 28.58
One Geico Plaza			When was the debt incurred? 06/01/2016	
Number Street Bethesda	MD	20810	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Che	State eck one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
☐ At least one of the debtors a ☐ Check if this claim is for Is the claim subject to offset ☐ No	a community del	ot	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Closed Auto Insurance balance	t
☐ Yes		- PONNING OF STATES OF THE STATE OF THE STAT		
Liberty Mutual Nonpnority Creditor's Name			Last 4 digits of account number 4 0 1 5	\$ <u>138.00</u>
PO Box 55126			When was the debt incurred? 06/04/2015	
Boston	MA	02205	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Chec	Slate Slate	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an	d another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	:
☐ Check if this claim is for a Is the claim subject to offset? ☐ No ☐ Yes	_		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Insurance	
Liberty Mutual	ikanna epikana kanta kanna	Artinum terretari kantalah di kalungan 1922-ang di kalungan 1922-ang di kalungan 1922-ang di kalungan 1922-ang	Last 4 digits of account number 7 0 1 7	\$ <u>97.89</u>
Nonpriority Creditor's Name PO Box 55126			When was the debt incurred? 06/10/2017	
Number Street Boston	MA	02205	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check Debtor 1 only	one.		☐ Unliquidated ☐ Disputed	· ·
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	anatha-		Student loans	:
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Auto Insurance	100 mm m m m m m m m m m m m m m m m m m

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Part 2:

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First Premier Bank			Last 4 digits of account number 7 8 7 1	s 1,000.69
Nonpriority Creditor's Name PO Box 5529	A Commence of the Commence of		When was the debt incurred? 07/01/2017	\$
Number Street Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? C	State Theck one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor	s and another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is f is the claim subject to off: ☐ No ☐ Yes	=	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
First Premier Bank	anna ta'u an ann an Aire an Aire an Aire an Aire ann an Aire a	tit til en state for til e	Last 4 digits of account number 7 8 2 0	* 937.27
Nonpriority Creditor's Name PO Box 5529			When was the debt incurred? 07/01/2017	<u> </u>
Number Street Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Cr Debtor 1 only	State neck one.	ZIP Code	Contingent Unfiquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors	and another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is fo Is the claim subject to offse ☐ No ☐ Yes			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Perricone MD	tite til de skall til fremste framskriverske framskriverske en med staret framskriverske en med staret framskr	Pennahayan opusa nyaminyi-nai-manka mananyi a manga yekundukka ng	Last 4 digits of account number 8 9 4 6	\$ <u>5.98</u>
Nonpriority Creditor's Name PO Box 360639			When was the debt incurred? 02/18/2015	
Number Street Des Moines	IA	50336	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Che Debtor 1 only	eck one.		Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	į
At least one of the debtors a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offse	-		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cosmetic	
□ No □ Yes		·	· ·	ļ

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					111 North 122 (112N + 22)
	PLS Financial Solutions Nonpriority Creditor's Name			Last 4 digits of account number 2 7 6 8	s 469.73
	1900 E. Roosevelt RD			When was the debt incurred? 07/11/2015	
:	Number Street Broadview	IL	60155	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another	er		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a comm	unity debt		you did not report as priority claims	
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
				☑ Other Specify Installment Loan	
	□ No □ Yes				
	U Yes	PPEN NEED PROSENCE OF CONTROL OF	and she was the state of the st		
	K.Jordan			Last 4 digits of account number 9 3 2 6	
	Nonpriority Creditor's Name			Last 4 digits of account number 9 3 2 0	s 500.69
	PO Box 2809			When was the debt incurred? 09/01/2017	
	Number Street Monroe	WI	53566	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another	r		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority claims	
	Is the claim subject to offset?	y cool		Debts to pension or profit-sharing plans, and other similar debts	
				Other, Specify Credit Account	
	□ No □ Yes				
	14 olivenio kunta propiusi siminiski kira sirangininini pinarini salaranginini a salarangan sanah sisi salarang	ann de la proposition	tend hand seem seementaja tis jost alem keel keel keel keel keel keel keel k		\$ 280.05
	Mason Easy Pay			Last 4 digits of account number 6 7 9 9	\$ 200.05
	Nonpriority Creditor's Name			00/04/0047	
	PO Box 2808			When was the debt incurred? 09/01/2017	
	Number Street Monroe	WI	53566	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			•	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
l	Check if this claim is for a commur	nity debt		you did not report as priority claims	
	s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Credit Account</u>	
	No.				
į	☐ Yes				

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Ai	ter listing any entries on this page,	number th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
	Masseys			Last 4 digits of account number 5 3 2 6	s 473.20
	Nonpriority Creditor's Name PO Box 2822		111 - 11 - 11 - 11 - 11 - 11 - 11 - 11	When was the debt incurred? 09/01/2017	\$ 473.20
	Number Street Monroe	WI	53566	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anoth			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a comm Is the claim subject to offset? ☐ No ☐ Yes	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Account	
	National Pen Co, LLC	te Continue de	tah kelamberat di arang bersembah kelambah kelembah kelembah kelambah kelam	Last 4 digits of account number 1 2 0 4	**************************************
	Nonpriority Creditor's Name	***************************************			\$
	PO Box 847203			When was the debt incurred? 07/07/2017	
	Dallas City	TX	75284	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commits the claim subject to offset? No Yes			Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Pens	
]	Proactiv Nonpriority Creditor's Name			Last 4 digits of account number 8 9 4 6	\$ 39.90
	PO Box 361448			When was the debt incurred? 09/25/2013	
	Des Moines	IA	50336	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			 Student loans Obligations arising out of a separation agreement or divorce that 	
	Check if this claim is for a commu	nity debt		you did not report as priority claims	
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cosmetics	
	☐ No ☐ Yes				:

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Aft	ter listing any entries on this page, r	number th	em beginning with	1 4.4, followed by 4.5, and so forth.		Total claim
<u></u>	Luminess Direct, LLC			Last 4 digits of account number 5 1 8 5	s	62.94
	Nonpriority Creditor's Name 12802 Capricorn Dr.			When was the debt incurred? 09/08/2016	Ψ	
	Number Street Stafford	T\/	***************************************	As of the date you file, the claim is: Check all that apply.		
	City	TX State	77477 ZIP Code	Contingent		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commisthe claim subject to offset? No Yes			Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cosmetics		
	Publishers Clearing House	of Whiteholds of State of Stat	eritarian dengan perumanan perumakan di sebagai menganya segan perumakan perumakan perumakan perumakan perumak Perumakan perumakan	Last 4 digits of account number 8 3 0 8	\$	105.33
	Nonpriority Creditor's Name PO Box 6344			When was the debt incurred? 05/22/2016		
	Number Street		***************************************			
	Harlan City	IA State	51593	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a commuls the claim subject to offset? ☐ No ☐ Yes		ZIP Code	 Contingent Unfiquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Various items 		
	QVC Nonpriority Creditor's Name PO Box 2254		ii da 15 an 16	Last 4 digits of account number 5 7 1 8 When was the debt incurred? 12/22/2009	\$	656.36
	Number Street	ΠΛ	40000	As of the date you file, the claim is: Check all that apply.		
1	West Chester City Who incurred the debt? Check one. Debtor 1 only	PA State	19380 ZIP Code	Contingent Unliquidated Disputed		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that		
ı	O Check if this claim is for a commur	ity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Computer		
	☑ No ☑ Yes					

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<u></u>	Security Credit Services		Last 4 digits of account number 6 5 1 9	s 1,031.80
	Nonpriority Creditor's Name 2653 West Oxford Loop, Suite 10	8	When was the debt incurred? 04/06/2016	T
	Number Street Oxford M	S 38655	As of the date you file, the claim is: Check all that apply.	
	City Stat Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community of	e ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes		Other. Specify Electronics	
	Vogue		Last 4 digits of account number 4 8 5 6	\$ 16.00
	Nonpriority Creditor's Name PO Box 37653		When was the debt incurred? 02/23/2012	
	Number Street Boone IA	50037	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	:
	☐ Check if this claim is for a community d Is the claim subject to offset? ☐ No ☐ Yes	ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Magazine	
	DJO Global		Last 4 digits of account number 4 7 4 R	\$ 25.00
	Nonpriority Creditor's Name PO Box 727		When was the debt incurred? 12/22/2016	·
	Number Street Wilkes-Barre PA	18703	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community de	bt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes		Other. Specify Knee Brace	

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DJO Global	Last 4 digits of account number 3 1 5 R s 198.00
Nonpriority Creditor's Name PO Box 727	When was the debt incurred? 10/27/2016
Number Street Wilkes-Barre PA 18703	As of the date you file, the claim is: Check all that apply.
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans
Check if this claim is for a community debt is the claim subject to offset? No Yes	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Knee Brace
Affiliated Radiologists Nonpriority Creditor's Name	Last 4 digits of account number 1 8 8 7 \$ 32.79
	When was the debt incurred? 07/22/2015
Dept 4104 Number Street	Thieli was the debt incurred?
Carol Stream IL 60122	As of the date you file, the claim is: Check all that apply.
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
□ No □ Yes	Other. Specify Medical
Chicago Health Medical Group, ATTN #11730Y Nonpriority Creditor's Name	Last 4 digits of account number A 6 8 3 \$ 159.33
PO Box 14000	When was the debt incurred? 10/27/2016
Number Street Belfast ME 04915	As of the date you file, the claim is: Check all that apply.
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Check if this claim is for a community debt is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical
□ No □ Yes	Ground Charles

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EPMG of Illinois, S.C.			Last 4 digits of account number 5 9 9 3	s 28.86
PO Box 95968			When was the debt incurred? 07/31/2014	
Number Street Oklahoma City	ОК	73143	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only	State	ZiP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a claim subject to offset? No Yes			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Emergency Room 	
Camilleri Medical, Cente	r, Ltd	entirentielikojnin etteriorielikotateksi sena erra 2 kius situiteksiyeteeritii kittilelik	Last 4 digits of account number 1 9 2 9	\$ <u>90.98</u>
2618 Ridgeland Avenue			When was the debt incurred? $06/12/2015$	
Number Street Berwyn	IL	60402	As of the date you file, the claim is: Check all that apply.	:
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim is for a colls the claim subject to offset?	nother		Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
No Yes	galler der der der der der der der der der d	arritime light of School three schools beginning to extract the land of the la	Other. Specify Medical	4 99999 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Illinois Laboratory Medicir Norpriority Creditor's Name	e Associates	s, Ltd	Last 4 digits of account number 5 9 1 8	\$ 324.20
PO Box 5966			When was the debt incurred? 03/02/2015	
Number Street Carol Stream City Who incurred the debt? Check on	State e.	60197 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	÷
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Check if this claim is for a colls the claim subject to offset? No Yes			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	** Proposition of the control of the

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L	Kirk Eye Center	Last 4 digits of account number 1 3 8 3	s 76.11
	Nonpriority Creditor's Name BILLING 7427 Lake Street	When was the debt incurred? 06/14/2017	\$
	Number Street River Forest IL 60305	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only	Contingent Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
	Loyola University Medical Center	Last 4 digits of account number 0 0 5 0	
	Nonpriority Creditor's Name		\$ 27.70
	Two Westbrook Corporate Center, Suite 700	When was the debt incurred? 01/05/2017	
	WestChester IL 60154	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	:
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
â	Loyola University Medical Center Nonpriority Creditor's Name	Last 4 digits of account number 0 0 4 4	\$ 98.00
	PO Box 3021	When was the debt incurred? 12/05/2016	
	Number Street Milwaukee WI 53201	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No □ Yes	☑ Other. Specify Medical	

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Loyola University Medi	cal Center		Last 4 digits of account number 0 0 4 5	s 3
PO Box 3021			When was the debt incurred? 12/05/2016	¥
Number Street Milwaukee	WI	53201	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only	State one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a Is the claim subject to offset? ☐ No ☐ Yes	community deb	t .	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
Loyola University Medica	al Center	a vallerande proprietat eta kana eran de grans de Brancher de entregrade, accupado propriedo de Archer de Arch	Last 4 digits of account number $0.04.6$	s 41
Nonpriority Creditor's Name PO Box 3021			When was the debt incurred? 12/05/2016	<u> </u>
Number Street Milwaukee	WI	53201	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim is for a clis the claim subject to offset? No Yes	another	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
MacNeal Hospital	mellegikk jórásszár szárattáltásátójáttak éstettálásat azatat segyelvés	- Helenton-ministration (in the property of the control of the property of the control of the co	Last 4 digits of account number A 6 8 3	\$ <u>26.</u>
Nonpriority Creditor's Name 9039 Collection Center D	rive		When was the debt incurred? 03/02/2015	
lumber Street Chicago	IL	60693	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check on Debtor 1 only	State ne.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a			Student loans Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co the claim subject to offset? No	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	

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4Path Ltd			Last 4 digits of account number 1 3 6 3	¢	110.00
Nonpriority Creditor's Name 8238 S. Madison Stre	et		When was the debt incurred? 06/12/2015	Φ	710.00
Number Street Burr Ridge	IL	60527	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Che ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors a		ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a securetic consequence to the consequence of the co		
☐ Check if this claim is for is the claim subject to offse ☐ No ☐ Yes			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		
Metropolitan Advanced	d Radiological	Services, Ltd.	Last 4 digits of account number 1 0 0 6	s/minimorements	242.00
1362 Paysphere Circle	}		When was the debt incurred? 03/02/2015		-
Number Street Chicago	IL	60674	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim is for a Is the claim subject to offset? No Yes	nd another a community debt	ZIP Code	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 		
Metropolitan Advanced Nonpriority Creditor's Name 1362 Paysphere Circle	Radiological S	Services, Ltd.	Last 4 digits of account number 1 0 0 6 When was the debt incurred? 04/21/2017	\$	13.49
Number Street			the many real and distribution of the contract		
Chicago City	IL State	60674 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent		
Who incurred the debt? Check ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and			Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans		
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Is the claim subject to offset?	Community dept		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		

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Part 2:

Afi	ter listing any entries on this page,	number th	em beginning with	4.4, followed by 4.5, and so forth.			otal claim
	Metropolitan Advanced Rad	iological	Services, Ltd.	Last 4 digits of account number 1 0 0	6		24.50
	Nonpriority Creditor's Name 1362 Paysphere Circle	-		When was the debt incurred? 05/18/201	7	\$	24.00
	Number Street Chicago	IL	60674	As of the date you file, the claim is: Check all the	hat apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:			
	☐ At least one of the debtors and anoth☐ Check if this claim is for a comm			 Student loans Obligations arising out of a separation agreemer you did not report as priority claims 	nt or divorce that		
	Is the claim subject to offset? No Yes			Debts to pension or profit-sharing plans, and oth Other. Specify Medical	er similar debts		
	Cepamerica-MacNeal Hospit	al		Last 4 digits of account number 4 1 7	6	\$	659.00
	PO Box 582663			When was the debt incurred? 03/02/2015	5	-	
	Number Street Modesto	CA	95358	As of the date you file, the claim is: Check all the	at apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commuls the claim subject to offset? No Yes		ZIP Code	Unliquidated Unli			
	MacNeal Hospital		Artin edinik emergenega (s. 4-lan e Arminopole elegis (s. 4-lan elektrologis)	Last 4 digits of account number 5 1 1	renorma e sa resistant, à e service a desperantament a resistant à la securita de la securita de la securita d T	* <u></u>	450.71
	Nonpriority Creditor's Name 2834 Paysphere Circle			When was the debt incurred? 11/21/2011			:
	Chicago	IL	60674	As of the date you file, the claim is: Check all that	t apply.		
į	Oily Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed			
))	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of	or divorce that		
i:	☐ Check if this claim is for a commu s the claim subject to offset? ☐ No ☐ Yes	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other Other. Specify Medical			Action of the second se

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Part 2:

			ith 4.4, followed by 4.5, and so forth.	Total clain		
MacNeal Hospital Nonpriority Creditor's Name			Last 4 digits of account number 7 4 5 7	, 311 <i>(</i>		
2834 Paysphere Circle			When was the debt incurred? 05/17/2012	\$ <u>311.9</u>		
Number Street Chicago	/L	60674	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed			
Debtor 2 only			Time of MONDPIONITY			
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans			
At least one of the debtors and anot			Obligations arising out of a separation agreement or divorce that			
☐ Check if this claim is for a comr	munity debt		you did not report as priority claims			
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical			
□ No □ Yes			Cales, Specify Woodloan			
MacNeal Hospital		Agonet a vog de sakenn-ege-roaneg en eft redenselven Vongelein til så avsativet ka vitte eft.	Last 4 digits of account number 2 7 7 5	s 820.0		
Nonpriority Creditor's Name				\$ <u>020.0</u>		
2834 Paysphere Circle			When was the debt incurred? 02/17/2012			
Chicago	IL	60674	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	☐ Contingent			
Who incurred the debt? Check one.			Unliquidated			
Debtor 1 only			☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			Student loans			
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that			
Check if this claim is for a comm	unity debt		you did not report as priority claims			
s the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical			
] No] Yes			— Olion opedity Wildings			
Cepamerica-Macneal Hospita	rderlik-sunsangan-kiyesenes-egeruseg	eress anne de servición de constitución de con		s 17.94		
Onpriority Creditor's Name	11		Last 4 digits of account number 5 1 2 1	<u> </u>		
O Box 582663		****	When was the debt incurred? 08/09/2015			
Modesto	CA	95358	As of the date you file, the claim is: Check all that apply.			
y	State	ZIP Code	☐ Contingent			
ho incurred the debt? Check one.			Unliquidated			
Debtor 1 only			☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			Student loans			
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that			
Check if this claim is for a commu	nity debt		you did not report as priority claims			
the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical			
No			Other. Specify Medical			

Part 2:

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Debtor 1

Afi	er listing any entries on this page,	number th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
	Heart Care Center of Illinois			Last 4 digits of account number 4 2 9 5	
	Nonpriority Creditor's Name)		THE PROPERTY AND P	\$ 300.00
	PO Box 102594 Number Street			When was the debt incurred? 03/03/2015	
	Atlanta	GA	30368	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this claim is for a commisthe claim subject to offset? No Yes		ZIP Code	 ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical 	
	MacNeal Hospital Nonpriority Creditor's Name	iment park de lime kine filme filme filme sie ein bekanne filme	TRANSFERMENT AND METERS AND	Last 4 digits of account number 4 1 5 0	\$ 1,088.08
	2384 Paysphere Circle			When was the debt incurred? 03/24/2014	
	Number Street Chicago	11	0007	As of the date you file, the claim is: Check all that apply.	
	City	State	60674 ZIP Code	Contingent	
1	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commulate the claim subject to offset? No Yes			 ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical 	
ř	MacNeal Hospital Jonpriority Creditor's Name 2384 Paysphere Circle			Last 4 digits of account number 4 0 8 2 When was the debt incurred? 08/10/2015	\$40.46
٨	lumber Street Chicago	i e	^^~	As of the date you file, the claim is: Check all that apply.	•
	ily	IL State	60674 ZIP Code	· · · · · · · · · · · · · · · · · · ·	
	Who incurred the debt? Check one. Debtor 1 only			Contingent Unliquidated Disputed	
Ξ	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
L	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans	:
				Obligations arising out of a senaration agreement or divorce that	
	Check if this claim is for a commun	ity debt		you did not report as priority claims	
	the claim subject to offset?] No			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	
	l Yes				

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Part 2:

Af	ter listing any entries on this page, n "]	umber th	em beginning with	a 4.4, followed by 4.5, and so forth.	Total claim
<u>L</u>	MacNeal Physicians Group Nonpriority Creditor's Name			Last 4 digits of account number A 6 8 3	s 507.09
	2834 Paysphere Circle			When was the debt incurred? 01/23/2017	<u> </u>
	Number Street Chicago	IL	60674	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
	Neurologic Care Associstes, F	PC .	98 et pierte et de en de e En de en	Last 4 digits of account number A 0 0 0	\$11.75
	Nonpriority Creditor's Name 3340 S Oak Park Avenue, Sui	+~200		When was the debt incurred? 04/08/2014	
	Number Street				
	Berwyn	IL State	60402 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community the claim subject to offset? □ No □ Yes	nity debt		Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
	Rush Oak Park Hospital Nonpriority Creditor's Name	the stander to the standard specificary (see		Last 4 digits of account number 2 0 0 1	\$ 96.93
	26099 Network Place			When was the debt incurred? 07/22/2015	
	Chicago	IL	60673	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
	Debtor 1 only			- Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	7 10 10 10
	Check if this claim is for a communi	ty debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	s the claim subject to offset?			Other. Specify Medical	
	☐ No ☐ Yes				÷

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Part 2:

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River Forest Imaging			Last 4 digits of account number 5 0 9 0	s 18	3.25
Nonpriority Creditor's Name Department 4660 Number Street			When was the debt incurred? 07/20/2012	\$	<u> </u>
Number Street Carol Stream	IL	60122	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors are Check if this claim is for a list the claim subject to offset	State ck one. Indicate the state of the sta	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		
☐ No ☐ Yes					
River Forest Imaging		renemente de la militar de la companya de la compa	Last 4 digits of account number 4 9 9 8	s 28	.50
Nonpriority Creditor's Name Department 4660			When was the debt incurred? 07/18/2012	Ψ	.00
Number Street Carol Stream	iL.	60122	As of the date you file, the claim is: Check all that apply.		
City	IL State	ZIP Code	Contingent		
Who incurred the debt? Check ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and			☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans		-
☐ Check if this claim is for a ls the claim subject to offset?☐ No☐ Yes			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 		
Rush University Medical	Group		Last 4 digits of account number 9 4 3 5	\$ <u></u>	77
Nonpriority Creditor's Name	Group				
75 Remittance Dr. Dept	1611		When was the debt incurred? 07/15/2015		
Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.		
City	Stale	ZIP Code	☐ Contingent		
Who incurred the debt? Check of	one.		☐ Unliquidated ☐ Disputed		٠
Debtor 1 only Debtor 2 only			U Disputed Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		1
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset? No Yes			Other. Specify Medical		

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Part 2:

Aft	er listing any entries on this pa	ige, number t	them beginning wil	th 4.4, followed by 4.5, and so forth.	V.10	otal claim
<u> </u>	Orthopaedic Associates Nonpriority Creditor's Name	of Riverside	<u>e</u>	Last 4 digits of account number 6 4 6 4	\$	36.79
	353 E. Burlington Street,	Suite 100		When was the debt incurred? 04/19/2016	*	
	Number Street Riverside	IL	60546	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check of Debtor 1 only Debtor 2 only	ne.		Unliquidated Disputed Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and a Check if this claim is for a co		nt .	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? No Yes	ominant, des		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		
	t den de seus de la companya de la c	in Particular de production de l'accession de l'accession de l'accession de l'accession de l'accession de l'acc	e elder en ste en s		t formáliszárók vitazát a vet es	ngwangan a arak asilani kating an
	Pulmonary Critical Care F Nonpriority Creditor's Name	nysicians		Last 4 digits of account number 2 0 9 1	\$	43.11
	541 Otis Bowen Drive			When was the debt incurred? 07/26/2017		
	Munster	IN	46321	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check on	ie.		Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and ar	nother		Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a co	mmunity debt	:	you did not report as priority claims		
	Is the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts		
	□ No □ Yes			☑ Other. Specify Medical		
	Wilma,LTD DBA Pearle E)	rpress		Last 4 digits of account number 4 1 8 7	\$	30.36
_	5501 West 79th St, Suite 4	100		When was the debt incurred? 01/24/2017		
	Number Street Burbank	<u>IL</u>	60459	As of the date you file, the claim is: Check all that apply.		
,	City	State	ZIP Code	Contingent		
١	Who incurred the debt? Check one	€.		Unliquidated		
{	Debtor 1 only			☐ Disputed		
(Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
ţ	At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that		
[Check if this claim is for a con	nmunity debt		you did not report as priority claims		
Ŀ	s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Optometrist		
	☐ No ☐ Yes			The opening optionion is a second of the second option is a second option in the second option in the second option is a second option in the second option in the second option is a second option in the second option in the second option is a second option in the second option in the second option is a second option in the second option in the second option is a second option in the s		Ì

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Part 2:

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River Forest Imaging			Last 4 digits of account number 5 3 0 0	s 10.00
Nonpriority Creditor's Name Department 4660			When was the debt incurred? 07/19/2012	
Number Street Carol Stream	IL	60122	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Chec	State	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an	d another		Type of NONPRIORITY unsecured claim: Student loans	
Check if this claim is for a ls the claim subject to offset? No Yes	_		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 	
Suburban Otolaryngolo	<u>. Gy</u>	TO COME CONTROL OF THE STATE OF	Last 4 digits of account number 8 9 9 4	\$ <u>48.17</u>
Nonpriority Creditor's Name 3340 South Oak Park A	venue, Suite 2	204	When was the debt incurred? 03/02/2017	
Number Street Berwyn	IL.	****	As of the date you file, the claim is: Check all that apply.	
City	State	60402 ZIP Code	Contingent	
Who incurred the debt? Check ✓ Debtor 1 only	one.		Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	:
Check if this claim is for a is the claim subject to offset? No Yes	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	The second secon
Wilma, LTD. DBA Pearle	Express	a para pangangan kanangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pang	Last 4 digits of account number 4 7 7 5	\$ <u>43.51</u>
Nonpriority Creditor's Name 5501 West 79th Street, S			When was the debt incurred? 09/20/2016	
Number Street Burbank	IL	60459	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check of ✓ Debtor 1 only	State one.	ZiP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	another		Type of NONPRIORITY unsecured claim: Student loans	
☐ Check if this claim is for a c			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other Specific Proporties.	
☐ No			Other. Specify optometrist	

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Part 2:

A	tter listing any entries on this page, nur	nber the	m beginning with	4.4, followed by 4.5, and so forth.		Fotal claim
L_	West Suburban Medical Center			Last 4 digits of account number 5 0 5 9	\$	54.42
	Department 4658			When was the debt incurred? 04/21/2017		
	Number Street Carol Stream	IL	60122	As of the date you file, the claim is: Check all that apply.		
	***************************************	State	ZIP Code	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 		
	West Suburban Medical Center Nonpriority Creditor's Name	the state of the s	99 Adams engang and an Sadahi I sa mandakan pang at mengung pangang ang kangang pangan menjang	Last 4 digits of account number 4 6 5 2	**************************************	156.74
	Department 4658		***************************************	When was the debt incurred? 07/31/2014		
	Carol Stream	L	60122	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community is the claim subject to offset? No Yes	y debt	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		The second secon
	West Suburban Medical Center Nonpriority Creditor's Name Department 4658			Last 4 digits of account number 2 9 8 9 When was the debt incurred? 05/18/2017	\$	114,67
	Number Street Carol Stream		60122	As of the date you file, the claim is: Check all that apply.		
	City Sta		ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only			La disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	Check if this claim is for a community	debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		

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Part 2:

A	fter listing any entries on this page, number them beginning t	with 4.4, followed by 4.5, and so forth.	Total claim
<u></u>	Zingo Cash	Last 4 digits of account number 4 8 5 4	_{\$} 1,573.34
	Nonpriority Creditor's Name 200 North Fairway Drive, Suite 400	When was the debt incurred? 11/08/2017	3
	Number Street Vernon Hills IL 60061	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Installment Loan	
		Anticida esta considera en constituira en constituira de constitui	ોલ્લીન કર્માં કર્મ કર્માં કર્માં કર્માં કર્માં કર્મા
	T-Fal Opti Grill Nonpriority Creditor's Name	Last 4 digits of account number 4 0 8 4	\$29.95
	2121 Eden Road	When was the debt incurred? 12/01/2014	
	Number Street Millville NJ 08332	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? No Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>product</u>	
	TO THE PROPERTY OF THE PROPERT	Last 4 digits of account number	enter mis most unicativa transferior de most un construir de la construir de l
	Nonpriority Creditor's Name	When was the debt incurred?	•
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No □ Yes	Other, Specify	

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Part 3:

Afni, Inc			On which entry in Part 1 or Part 2 did you list the original creditor?
1310 Martin Luther I	King Drive		Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 3517			Part 2: Creditors with Nonpriority Unsecured Claims
Bloomington	14	64700	Last 4 digits of account number 7 7 5 2
City	 State	61702 ZIP Code	
Afni, Inc	et e ista et istatu. Perila kan garang de et ereng, ee e	Anne Sagen arabis en gerbanning gebeure ge	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 1310 Martin Luther k	Cina Delua		
Number Street	ving brive		Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
PO Box 3517			Claims Fait 2. Creditors with Nonphonity Unsecured
Bloomington City	IL State	61702 ZIP Code	Last 4 digits of account number 9 8 6 2
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Caine & Weiner			Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 5010			Part 2: Creditors with Nonpriority Unsecured
Woodland Hills	CA	91365	
City	State	ZIP Code	Last 4 digits of account number 8 4 2 6
Credit Collection Ser	vices		On which entry in Part 1 or Part 2 did you list the original creditor?
Payment Processing	Center		Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 55126			Part 2: Creditors with Nonpriority Unsecured
Boston	B.4.A	0000	Claims
City	MA State	02205 ZIP Code	Last 4 digits of account number 2 6 8 1
Credit Collection Serv	/ices		On which entry in Part 1 or Part 2 did you list the original creditor?
Payment Processing	Center		Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 55126			Claims Part 2: Creditors with Nonpriority Unsecured
Boston	MA	02205	
Dity State the second and the second	State	ZIP Code	Last 4 digits of account number 8 6 8 8
Credit Collection Serv	rices		On which entry in Part 1 or Part 2 did you list the original creditor?
Payment Processing (Center		Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber Street PO Box 55126			Claims Part 2: Creditors with Nonpriority Unsecured
Boston	MA State	02205 ZIP Code	Last 4 digits of account number 2 7 2 2
esta est i delemente estemento de monitorio princes e transiste si e demospros investre i la recursi esta describir e describir e describir e de securio de la describir e describir e de securio de la describir e de la describir e del securio de la describir e del describir e de la describir e de la describir e del describir e de la describir e del describir e del del del del del del del del del d	and heaven a heavy for the second section of the second	AIF GODE	
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
lalsted Financial Serv	rices, LLC		Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 828			Claims Part 2: Creditors with Nonpriority Unsecured
Skokie	IL	60076	
V	State	7(0 Code	Last 4 digits of account number 6 8 5 6

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

additional creditors here. I	f you do not h	ave additional per	you for a debt you owe to someone else, list the original creditor in Parts 1 or ave more than one creditor for any of the debts that you listed in Parts 1 or 2, list the resons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
ERC			Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	·		Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 23870	***************************************		
Jacksonville City	FL State	32241 ZIP Code	Last 4 digits of account number 5 2 2 3
Name	***************************************	5-V	On which entry in Part 1 or Part 2 did you list the original creditor?
NCO Financial Syste	ems, Inc		Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 41457			Part 2: Creditors with Nonpriority Unsecured
			Claims
Philadelphia City City City City City City City City City City City City City City City City City City City City City	PA State	19101 ZIP Code	Last 4 digits of account number K F 4 D
Name	***************************************		On which entry in Part 1 or Part 2 did you list the original creditor?
Sunrise Credit Servi	ces, Inc		Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 9100			Claims Part 2: Creditors with Nonpriority Unsecured
Farmingdale	NY	11735	Last 4 digits of account number 5 0 1 6
ity 	State	ZIP Code	Commence and the Commence of t
ame	*****		On which entry in Part 1 or Part 2 did you list the original creditor?
Monterey Collections	1		
umber Street	,		Line 4.68 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 5199			Part 2: Creditors with Nonpriority Unsecured Claims
Oceanside Iv	CA State	92052 ZIP Code	Last 4 digits of account number 4 0 8 4
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
Nationwide Credit, Inc	C		Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
ımber Street			Part 2: Creditors with Nonpriority Unsecured
PO Box 26314			Claims — Valez, Oreditors with Nonphority Onsecured
ehigh Valley	PA	18002	Last 4 digits of account number 0 0 1 9
Annual propriate and a second a	Slate	ZIP Code	
ıme ·			On which entry in Part 1 or Part 2 did you list the original creditor?
IRS Associates of Ne	ew Jersev		Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
imber Street	/		Part 2: Creditors with Nonpriority Unsecured
930 Olney Avenue			Claims Claims
Cherry Hill by	NJ State	08003 ZIP Code	Last 4 digits of account number 4 1 9 4
me			On which entry in Part 1 or Part 2 did you list the original creditor?
argon Collection Age	ncy		Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
mber Street 668 Spring Mountain	DD		Part 2: Creditors with Nonpriority Unsecured
668 Spring Mountain			Claims Claims
as Vegas	NV	89117	

State

Last 4 digits of account number 3 5 7 7

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Part 3:

			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Global Product Deliv	on Custom		
Number Street	ery Systems	3	Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
350 Northwest HWY	, Suite 302		Part 2: Creditors with Nonpriority Unsecured Clain
Park Ridge	IL	60068	Last 4 digits of account number 1 9 2 9
City	State	ZIP Code	
Nationwaide Credit &	Collection,	inc	On which entry in Part 1 or Part 2 did you list the original creditor?
c/o Evergreen Bank	Group		Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
PO Box 3219			Claims Claims
Oak Brook	!L	60522	Last 4 digits of account number 5 4 1 8
	State	ZIP Code	
Nationwide Credit &	Collection, Ir	nc	On which entry in Part 1 or Part 2 did you list the original creditor?
c/o Evergreen Bank	Groun		Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	vup		Part 2: Creditors with Nonpriority Unsecured
PO Box 3219			Claims Fan 2. Creditors with Nonpriority Unsecured
Oak Brook	IL State	60522 ZIP Code	Last 4 digits of account number 5 4 1 8
c/o Evergreen Bank (lumber Street PO Box 3219	Group		Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Oak Brook	IL State	60522 ZIP Code	Last 4 digits of account number 4 6 0 8
Nationwide Credit & C	Collection, Inc	C	On which entry in Part 1 or Part 2 did you list the original creditor?
:/o Evergreen Bank G	Group		Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street			Part 2: Creditors with Nonpriority Unsecured
PO Box 3219			Claims Claims
Dak Brook	IL State	60522	Last 4 digits of account number 4 6 0 8
e Proceedings of the second and continued and continued and professional and continued in the second continued to the second	OIRE	ZIP Code	
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
Medical Recovery Spe	cialists		Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street 2250 E. Devon Avenue	a Sta 252		Part 2: Creditors with Nonpriority Unsecured
Des Plaines		00040	Claims
y N	IL State	60018 ZIP Code	Last 4 digits of account number 1 2 4 1
A MANTEN MANTEN MANTEN MANTEN AND A THE STATE OF A		49 och Carella de Caline de Ressaurations, e etitorijos og pulstinge, egyptomistoristisch	
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
13 Financial Services			Line 4.39 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured
mber Street	IL	60154	

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Part 3:

dditional creditors here. If yo			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Halsted Financial Serv	ices II.C		
Number Street	ices, LLC		Line 4.50 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 828			2 Part 2: Creditors with Nonpriority Unsecured Clair
Skokie	IL.	60076	Last 4 digits of account number 5 3 3 1
City No. of the control of the cont	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Millennia Patient Service	es		Line 4.49 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
PO Box 102594			Claims
Atlanta City	GA	30368	Last 4 digits of account number 4 2 9 5
to de security i establikat vectorista konstruitoristus en de struitoristus deprintente de struitorista de securitorista de s	State	ZIP Code	
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
Commonwealth Financ	al System	18	Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber Street	<u></u>		Part 2: Creditors with Nonpriority Unsecured
245 Main Street			Claims Claims
Dickson City	PA State	18519 ZIP Code	Last 4 digits of account number 5 1 1 7
Oynamic Recovery Solumber Street PO Box 25759	IUONS		Line <u>4.46</u> of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Greeneville	00	00040	Claims
ity	State	29616 ZIP Code	Last 4 digits of account number 6 9 5 7
and the second	** * **********************************	terrot turi serviri periopi, teg tempo prope,	On which entry in Part 1 or Part 2 did you likely
ame		***************************************	On which entry in Part 1 or Part 2 did you list the original creditor?
otal Card, Inc			Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
O Box 89725			Part 2: Creditors with Nonpriority Unsecured
Sioux Falls	SD	57109	
	State	ZIP Code	Last 4 digits of account number 4 9 9 4
Stanislaus Credit Contro	Servce,	Inc	On which entry in Part 1 or Part 2 did you list the original creditor?
14 14th Street			Line 4.48 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
umber Street PO Box 480			Part 2: Creditors with Nonpriority Unsecured Claims
Modesto y	CA State	95353 ZIP Code	Last 4 digits of account number 2 1 0 1
= T - T - T - T - T - T - T - T - T - T	reformance of transmitted by the state of the ground of the growth	en Almen II. Selektrik in sesset (1 A Selektriya selektri in sesset (2 A Selektriya selektri in sesset (2 A Se	On which one are in Donate in Donate in Donate in the Donate in Donate in the Donate i
me			On which entry in Part 1 or Part 2 did you list the original creditor?
13 Financial Services	***************************************		Line 4.52 of (Check one): Part 1: Creditors with Priority Unsecured Claims
O Box 7230			Part 2: Creditors with Nonpriority Unsecured
/estchester	IL	60154	Glaiths
いっしいでうだい			

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Part 3:

Nationwide Credit Co	ollection		On which entry in Part 1 or Part 2 did you list the original creditor?
c/o Evergreen Bank	Group		
Number Street	Огоир	***************************************	Line 4.54 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 3219			
Oak Brook	IL State	60522	Last 4 digits of account number 8 3 3 9
Nationwide Credit Co	and the first of t	ZIP Code	
Name Orean CC	Mechon	***************************************	On which entry in Part 1 or Part 2 did you list the original creditor?
c/o Evergreen Bank (Group		Line 4.57 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 3219			Claims Part 2: Creditors with Nonpriority Unsecured
Oak Brook	IL	energa.	···
City	IL State	60522 ZIP Code	Last 4 digits of account number 9 4 3 5
- The state of the	n synecometable elimigras per estato el atalia de Articoles el Articoles el Articoles el Articoles el Articoles	derlineras experimental estrendòres, que mas con activa la estrena helicina entrena	On which entry in Part 1 or Part 2 did 1 or 1 and 1 an
Name	****		On which entry in Part 1 or Part 2 did you list the original creditor?
Datasearch, Inc			Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 461289			Part 2: Creditors with Nonpriority Unsecured
San Antonio	TX	78246	• • • •
Xity	State	ZIP Code	Last 4 digits of account number 6 1 5 1
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
Datasearch, Inc			Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			TT -
だし BOX 4わず289			Claims Part 2: Creditors with Nonpriority Unsecured
PO Box 461289	TV	70040	Claims
San Antonio	TX State	78246 ZIP Code	Claims Part 2: Creditors with Nonpriority Unsecured Last 4 digits of account number 7 6 2 9
San Antonio		78246 ZIP Code	Last 4 digits of account number 7 6 2 9
San Antonio jity	State	78246 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor?
San Antonio _{ane} CMRE Financial Servi	State	78246 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims
San Antonio San Antonio Sity Same CMRE Financial Servi Suret 3075 E. Imperial HWY	State ces, Inc	78246 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor?
San Antonio ame CMRE Financial Servi umber street 3075 E. Imperial HWY	State ces, Inc	ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio San A	State ces, Inc , #200	78246 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
San Antonio ame CMRE Financial Servi umber street 8075 E. Imperial HWY Brea	State Ces, Inc 7, #200 CA	ZIP Code 92821	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio San Antonio Sity Sime CMRE Financial Servi Sumber Street 3075 E. Imperial HWY Brea Sity Sime	ces, Inc c, #200 CA State	ZIP Code 92821	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor?
San Antonio San Antonio Sity Same CMRE Financial Servi Sor75 E. Imperial HWY Brea Sity Same CMRE Financial Servi Same CMRE Financial Servi Sireet	ces, Inc CA State	ZIP Code 92821	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims
San Antonio San Antonio Siret Soro E. Imperial HWY Brea SIRET	ces, Inc CA State	ZIP Code 92821	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor?
San Antonio San Antonio Sity Same CMRE Financial Servi Sor75 E. Imperial HWY Brea Sity Same CMRE Financial Servi Same CMRE Financial Servi Sireet	ces, Inc CA State	ZIP Code 92821	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio San Antonio Sity CMRE Financial Servi Brea CMRE Financial HWY Brea CMRE Financial Servi CMRE Financial Servi CMRE Financial HWY Brea Brea V	ces, Inc CA State ces, Inc CA State ces, Inc CA CA CA CA CA	92821 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 0 9 7
San Antonio San Antonio Siret CMRE Financial Services BO75 E. Imperial HWY Brea Siret CMRE Financial Services Siret Sir	Ces, Inc C, #200 CA State Ces, Inc CA State Ces, Inc CA State	92821 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 0 9 7 On which entry in Part 1 or Part 2 did you list the original creditor?
San Antonio San Antonio Sireet Soro E. Imperial HWY Brea Sireet Soro E. Imperial Service Soro E. Imperial HWY Soro Street Soro E. Imperial HWY So	ces, Inc C, #200 CA State ces, Inc CA State ces, Inc CA State ces, Inc CA State	92821 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 0 9 7 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.69 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims
San Antonio San Antonio Siret CMRE Financial Services BO75 E. Imperial HWY Brea Siret CMRE Financial Services Siret Sir	ces, Inc C, #200 CA State ces, Inc CA State ces, Inc CA State ces, Inc CA State	92821 ZIP Code	Last 4 digits of account number 7 6 2 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.65 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 1 9 9 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2 0 9 7 On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
 Add the amounts for each type of unsecured claim.

				Total claim	•
Total claims	6a	. Domestic support obligations	6a.	\$0.00	
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	
	6c	. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	
	6e	Total. Add lines 6a through 6d.	6e.	\$0.00	
				Total claim	
Total claims	6f.	Student loans	6f.	\$	
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	
	6 i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ 16,451.59	
	6j. 1	Fotal. Add lines 6f through 6i.	6j.	\$16,451.59	

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			Document	Page 53 of 76	
ill in this in	formation to idei	ntify your case:			
Debtor 1	Patricia	Marie	Jackson		
entor t	First Name	Middle Name	Last Name		
ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name		
		the: Northern District of III			
se number	sankrupicy Court for	the: Northern District of III	unois		
known)					
·····		·			Check if this is a
					amended filing
otaining r	oth. 18 U.S.C. §§	y by fraud in connection 152, 1341, 1519, and 357	with a bankruptcy (nded schedules. Making a false statement, conce case can result in fines up to \$250,000, or impriso	enment for up to 20
	pay or agree to	pay someone who is NO	T an attorney to help	you fill out bankruptcy forms?	
₩ No	N				
wa Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Decla	ration, and
				Signature (Official Form 119).	
Under p	enaity of perjury, y are true and co	, I declare that I have rea rrect.	d the summary and	schedules filed with this declaration and	
X Signatur	tuin e of Debtor 1	Jutwo	Signature of D	ebtor 2	
Date 1	2/18/2017 (2-11-2017	Date	/ YYYY	

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ebtor 1	Patricia	Marie		Jackson			
btor 2	First Name	Middle Name		Last Name			
	g) First Name	Middle Name		Last Name			
ted State	s Bankruptcy Court f	or the: Northern District of	of Illinois				
se numbe	er						
<u> </u>							Check if this is a amended filing
aten						for Bankrupt	_
manon.	if more space is	i needed, attach a sepa	rried peo rate she	ople are filing t et to this form.	ogether, both are equ On the top of any ad	ally responsible for supp ditional pages, write you	olying correct r name and case
Der (IT K	nown). Answer e	very question.					
nt 1:	Give Details Al	out Your Marital St	atus an	d Where You	Lived Before		
	your current mar	ital status?					
Marr							
Not !	narried						
During t	he last 3 vears. h	ave you lived anywhere	a other t	han whara vou	live new?		
	he last 3 years, h	ave you lived anywhere	e other t	han where you	live now?		
☑ No		ave you lived anywhere					
☑ No ☐ Yes.			years. C	o not include w			Dates Debtor 2 lived there
☑ No ☐ Yes.	List all of the plac		years. C	o not include wes Debtor 1 E	here you live now.		lived there
M No Yes.	List all of the plac	es you lived in the last 3	years. Date	o not include wes Debtor 1 E i there	here you live now.		lived there
Mo No Pel	List all of the plac	es you lived in the last 3	years. Date	o not include wes Debtor 1 Cit there	here you live now.		lived there Same as Debtor From
No Yes.	List all of the place btor 1: 830 West Ohio	es you lived in the last 3	years. Date	o not include wes Debtor 1 E i there	here you live now. Debtor 2: Same as Debtor 1		lived there Same as Debtor
V No Pel	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3	years. Date	o not include wes Debtor 1 Cit there	here you live now. Debtor 2: Same as Debtor 1		lived there Same as Debtor From
Mo No Del	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street	years. Date	o not include wes Debtor 1 Cit there	here you live now. Debtor 2: Same as Debtor 1	State ZIP Code	lived there Same as Debtor From
No No Del	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. Date	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor From To
V No Del	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. C Date livec From To	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Ilived there Same as Debtor From To Same as Debtor
No Pel	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. Date	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Ilived there Same as Debtor From To Same as Debtor From From
No Pel	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. C Date lived From	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Iived there Same as Debtor From To Same as Debtor
Mo No Pel	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. C Date lived From	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Ilived there Same as Debtor From To Same as Debtor From From
No Pel	List all of the place btor 1: 830 West Ohio mber Street hicago	es you lived in the last 3 Street IL 60644	years. C Date lived From	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Ilived there Same as Debtor From To Same as Debtor From From
No Del 5i Nu City	List all of the place btor 1: 830 West Ohio mber Street hicago	Street IL 60644 State ZIP Code	years. C Date live. From To From To	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City City	State ZIP Code	Iived there Same as Debtor From To Same as Debtor From To To
Vinner the states and	List all of the place btor 1: 830 West Ohio mber Street hicago	Street IL 60644 State ZIP Code	years. C Date lived From To From	00 not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City City		Iived there Same as Debtor From To Same as Debtor From From To
No Pel Solution Num City Num Num City Num Num Num Num Num Num Num Nu	List all of the place btor 1: 830 West Ohio mber Street hicago mber Street e last 8 years, die d territories include	Street IL 60644 State ZIP Code	years. C Date liver From To From To pouse of	oo not include west Debtor 1	here you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City City In a community previous met in a community me	State ZIP Code	Iived there Same as Debtor From To Same as Debtor From To

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Debtor	1 Patricia First Name Middle Name	Marie Las	Jacksor	1 Case n	umber (if known)	
if	Did you have any income from it is in the total amount of income you are filing a joint case and you are filing to be incomed in the income it is in the details	you receive	ed from all jobs and all bu	usinesses, including part-t	ime activities	endar years?
			Debtor 1		Debtor 2	
			Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
	From January 1 of current the date you filed for bankr		Wages, commission bonuses, tips Operating a busines	\$	Wages, commissions, bonuses, tipsOperating a business	\$
	For last calendar year: (January 1 to December 31,2	2016)	Wages, commissions bonuses, tips Operating a busines	\$0.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For the calendar year befor (January 1 to December 31, 2		☐ Wages, commissions bonuses, tips ☐ Operating a business	s 0.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
Ind un ga	110	her that inc enefit paym ou are filing	ome is taxable. Example ents; pensions; rental in a joint case and you ha	es of <i>other income</i> are alin come; interest; dividends; ve income that you receive	money collected from laws ed together, list it only once	uite: royaltion: and
443	Yes. Fill in the details.		Debtor 1		Debtor 2	
			Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current y the date you filed for bankri	COL WILLS	Social Security	\$ 18,228.00 \$		\$ \$
		-		\$		\$
	For last calendar year: (January 1 to December 31, 20, \sqrt{v}	-	Social Security	\$		\$
	For the calendar year before (January 1 to December 31, $\frac{26}{79}$	-	Social Security	\$ 18,179.20 \$		\$ \$

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Patricia Marie Debtor 1 Jackson Case number (# known) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ☐ Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors Other State ZIP Code Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code

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tor 1	Patricia First Name Mid	Marie Gle Name Last Name	Jacksor	<u>1</u>	Case number (if know	7)	
	The tracks are the tr	dle Name Last Name					
corpo agent	rations of which you i, including one for a as child support and	a filed for bankruptcy, dic tives; any general partners are an officer, director, pe business you operate as a alimony.	; relatives of any rson in control o	general partners; or owner of 20% or	partnerships of whi	ch you are a general partr	
	es. List all payments	to an insider.					
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
Ī	nsider's Name			\$	\$		
Ñ	lumber Street					:	
			and the second s				
Ĉ	City	State ZIP Code	wer-				
În	isider's Name		And the second s	\$	\$		
N	umber Street						
man			***				
Ci	ity	State ZtP Code	•				
clude No	payments on debts	iled for bankruptcy, did y guaranteed or cosigned by hat benefited an insider.		ayments or transi Total amount paid		Reason for this payment	penefited
Ins	ider's Name			\$	\$		
Nur	mber Street				•		
City	/	State ZIP Code					
Insid	der's Name		Balland appropriate Additional Additional Appropriate Additional	\$	\$		
Nun	nber Street		and the same of th				
							
City	·	State ZIP Code					

8.

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Debtor 1	Patricia First Name Midd	Marie le Name Last Name	Jackson	Case number (# known)	j	The state of the s
Part 4	A Identify Legal	Actions, Repossessi	ons, and Foreclosure	es		
List	in 1 year before you	filed for bankruptcy, w	ere you a party in any la	wsuit, court action, or admir vorces, collection suits, patern	nistrative proce	eding? port or custody modification
2						
	oc. I will the details.	Nat	ure of the case	Court or agency		Status of the case
	Case title			Court Name		Pending On appeal
				Number Street		Concluded
				City State	ZIP Code	- All-Andready-specific
	Case title			Court Name		On appeal
1	Case number			Number Street City State	ZfP Code	Concluded
	o. Go to line 11. es. Fill in the informati	on below.	Describe the property		Date	Value of the property
	Creditor's Name				·	\$
	Number Street		Explain what happene			
			Property was re Property was fo Property was ga	reclosed. rnished.		
	City	State ZIP Code	Property was at Describe the property	ached, seized, or levied.	Date	Value of the property
	Creditor's Name					\$
	Number Street		Explain what happene		:	
	City	State ZIP Code	Property was rep Property was for Property was ga	eclosed.		

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r 1	Patricia First Name	Marie Widdle Name Las	Jack	SOL	Case number (if kn	own)			
	Last Maule \$	viddle Name Las	st Name						
	•• • • •								
Within accou	n 90 days before	you filed for bankn make a payment be	iptcy, did any credi	itor, including a b	oank or financial ins	titution, set	off any ar	nounts fro	m your
No No		make a payment be	cause you owed a	debt?					
	s. Fill in the detai	le.							
16	s. Fill III tile detai	is.							
-	ditor's Name		Describe the action	on the creditor tool		Date : was t		Amount	
Crec	ouors Name								
Num	nber Street					:	***************************************	\$	0.0
						:			
			- .			7			
City					•				
City		State ZIP Code	Last 4 digits of ac	count number: X	XXX				
) No		pinted receiver, a cu	,						
Yes	\$								
30000000									
5.	List Certain G	ifts and Contribu	itions						
2 No	2 years before y 5. Fill in the details		rtcy, did you give ar	ny gifts with a tol	tal value of more tha	n \$600 per i	person?		
2 No 2 Yes Gif	s. Fill in the details		etcy, did you give ar Describe the gifts		al value of more tha	Dates y	ou gave	Value	
2 No 2 Yes Gif	s. Fill in the details	s for each gift.			al value of more tha		ou gave	Value	
No Yes. Gift per	s. Fill in the details Its with a total valu r person	s for each gift.			al value of more tha	Dates y	ou gave	Value \$	
No Yes. Gift per	s. Fill in the details	s for each gift.			al value of more tha	Dates y	ou gave	Value \$	
No Yes. Gift per	s. Fill in the details Its with a total valu r person	s for each gift.			al value of more tha	Dates y	ou gave	Value \$	
Giff per	s. Fill in the details fts with a total valu r person on to Whom You Gave	s for each gift.			al value of more tha	Dates y	ou gave	\text{Value} \$ \$	
Giff per	s. Fill in the details Its with a total valu r person	s for each gift.			al value of more tha	Dates y	ou gave	Value \$	
Perso	s. Fill in the details fts with a total valu r person on to Whom You Gave	s for each gift.			al value of more tha	Dates y	ou gave	\text{Value} \\$ \\$	
Giff per	s. Fill in the details fts with a total valu r person on to Whom You Gave	s for each gift.			tal value of more tha	Dates y	ou gave	\text{Value} \$ \$	
Perso Numb	s. Fill in the details Its with a total valu r person on to Whom You Gave	s for each gift. se of more than \$600 the Gift State ZIP Code			tal value of more tha	Dates y	ou gave	\text{Value} \\$	
Perso Numb	s. Fill in the details fts with a total valu r person on to Whom You Gave	s for each gift. se of more than \$600 the Gift State ZIP Code			tal value of more tha	Dates y the gift	ou gave	\text{Value} \\$	
Perso City Perso Gifts	is. Fill in the details Its with a total value r person on to Whom You Gave per Street	s for each gift. se of more than \$600 the Gift State ZIP Code				Dates) the gift	ou gave	\$ \$	
Perso City Perso Gifts	is. Fill in the details Its with a total value The person On to Whom You Gave On's relationship to your selectionship to your se	s for each gift. se of more than \$600 the Gift State ZIP Code	Describe the gifts			Dates y	ou gave	\$	
Perso City Perso Gifts per p	is. Fill in the details Its with a total value The person On to Whom You Gave On's relationship to your selectionship to your se	State ZIP Code	Describe the gifts			Dates y	ou gave	\$	
Perso City Perso Gifts per p	is. Fill in the details if the with a total value r person on to Whom You Gave on's relationship to your serious in the control value serson	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	
Perso City Perso Gifts per p	is. Fill in the details if the with a total value r person on to Whom You Gave on's relationship to your serious in the control value serson	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	
Perso City Perso Gifts per p	is. Fill in the details if the with a total value r person on to Whom You Gave on's relationship to your serious in the control value serson	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	
Perso City Persor Persor	is. Fill in the details if the with a total value r person on to Whom You Gave on's relationship to your serious and total value person	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	
Perso City Persor Persor	is. Fill in the details Its with a total value r person on to Whom You Gave on's relationship to y with a total value person n to Whom You Gave to	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	
Perso City Persor Persor	is. Fill in the details Its with a total value r person on to Whom You Gave on's relationship to y with a total value person n to Whom You Gave to	State ZIP Code	Describe the gifts			Dates y	ou gave	\$ \$	

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r 1	Patricia	Marie	Jackson	Case number (# known)		
	First Name Middle	Name La	st Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
rithi 1 N	n 2 years before you	filed for bankru	ptcy, did you give any gifts or contri	butions with a total val	ue of more than \$	600 to any charity?
	o es. Fill in the details fo	r each dift or co	atribution			
					t.	
t	Gifts or contributions to that total more than \$600	charities)	Describe what you contributed		Date you contributed	Value
Ch	nanity's Name		-			\$
	,					
			-			\$
Nu	mber Street		-			
					:	
City	y State ZIP C	ode				
6:	List Certain Los	ses				
	escribe the property you ow the loss occurred	lost and	Describe any insurance coverage for the include the amount that insurance has particular to the insurance coverage for the insurance coverage	nid. List nending insurance	Date of your loss	Value of property lost
			claims on line 33 of Schedule A/B: Prope	rty.		
lap	otop,dresser,saw,r	nattress,	\$2196.74		02/01/2017	s 3,971.20
IJ.	oks due to basem	ent nooding				
		. "	- 100 Control			
G	List Certain Paym	ents or Trans	sters			
hin	1 year before you file	ed for bankrupt	cy, did you or anyone else acting on	your behalf pay or tran	sfer any property	to anyone
· CO	usniten anont zeeklu	g pankruptcy o	r preparing a bankruptcy petition? parers, or credit counseling agencies for			
No			, and a second of the second o	a services required in yo	ог оанктортсу.	
	. Fill in the details.					
			Description and value of any property t	ranefactod		
Dor	rson Who Was Paid		public value of any property (iansieren	Date payment or transfer was	Amount of payment
101	SOR WHO WAS FARE		Marine Company of the second o	and the state of the same of t	made	
Nur	mber Street					\$
						-
	170700700000000000000000000000000000000				A	\$
City	State	ZIP Code				
F						
EM	ail or website address					
Pers	son Who Made the Payment, i	if Not You				

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	Patricia	Marie	Jackson	Case nur	nber (if known)		
	First Name Middle	a Name Las	st Name			4-4-4-11-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-	
***		**************************************	December 1			ge\$1. Assument on the second or second or 1, 1, 2, 2, 2, 3, 5, 1, 5, 2,	and the significant stress and significant st
			Description and value of an	y property transferred		Date payment or transfer was made	Amount of payment
	Person Who Was Paid		• · ·				
	Number Street	***************************************					\$
	acitibet allest						•
•					:		Φ
i	City S	State ZIP Code	-		:		
					:		
Ē	Email or website address		•••		:		
Ĩ	Person Who Made the Payme	ent if Not You					
				e e e			
No Ye	es. Fill in the details.						
			Description and value of any	property transferred		Date payment or	Amount of pay
F	Person Who Was Paid	***************************************		ervi di Papi Norda di Papi di Papi di Papi di Papi di		transfer was made	
N	lumber Street						\$
_			•		:		
ō	Sty St	tale ZIP Code				***************************************	\$
	,		tcy, did you sell, trade, or ot	hamina 4			
411311	circa in the oraniary	course or your p	ousiness or financial affairs?	?			
CIUGE	oom outright transfer	s and transfers m	nade as security (such as the greater already listed on this statem	ranting of a security ir	staraat as ma	staage on vous pros	
,,,,,,	and dans	nois mai you nav	e aneauy iisted on this statem	ent.	nerest of mo	regage on your prop	erty).
No	moduce glits and trails	aicia tilat you liav	e alleady listed on this statem	ent.	Refest of Mo	rigage on your prop	perty).
No	and dans	aidis mat you may		ent.			perty).
No	moduce glits and trails	ours that you hav	Description and value of prop transferred	ent. Describe ar or debts pa	ny property or Id in exchang	payments received	
No Ye:	moduce glits and trails		Description and value of prop	ent. erty Describe ar	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details.		Description and value of prop transferred	ent. Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details.		Description and value of prop transferred	ent. Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. erson Who Received Transfer		Description and value of prop transferred	ent. Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. reson Who Received Transfer Imber Street	te ZIP Code	Description and value of prop transferred	ent. Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. erson Who Received Transfer	te ZIP Code	Description and value of prop transferred	erty Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. reson Who Received Transfer Imber Street	te ZIP Code	Description and value of prop transferred	erty Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. erson Who Received Transfer mber Street y States	te ZIP Code	Description and value of prop transferred	erty Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. srson Who Received Transfer mber Street y States	te ZIP Code	Description and value of prop transferred	erty Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe
No Yes	s. Fill in the details. erson Who Received Transfer mber Street y Slat erson's relationship to you rson Who Received Transfer mber Street	te ZIP Code	Description and value of prop transferred	erty Describe ar or debts pa	ny property or Id in exchang	payments received	Date transfe

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Na N	Denenciary? (I nese are often ones. Fill in the details. ame of trust List Certain Financial		of the property transferred		ch you Date transfer was made
Na N	Denenciary? (I nese are often ones. Fill in the details. ame of trust List Certain Financial	en called asset-protection devices.) Description and value o	of the property transferred	ust or similar device of whi	Date transfer
Art 8:	Denenciary? (I nese are often ones. Fill in the details. ame of trust List Certain Financial	en called asset-protection devices.) Description and value o	of the property transferred	ust or similar device of whi	Date transfer
Na Na art 8: 0. Within closed	Denenciary? (I nese are often ones. Fill in the details. ame of trust List Certain Financial	en called asset-protection devices.) Description and value o	of the property transferred	ust or similar device of whi	Date transfer
Na Na Na Na Closed	oes. Fill in the details. ame of trust List Certain Financial	Description and value o			
Na Na art 8: D. Within closed	es. Fill in the details. ame of trust List Certain Financial /				
Na art 8: D. Within closed	ame of trust List Certain Financial /				
art 8: D. Within closed	List Certain Financial /				
art 8: D. Within closed	List Certain Financial /				
art 8: D. Within closed	List Certain Financial /				
art 8: D. Within closed	List Certain Financial /				
. Within closed					i .
. Within closed			ere		
. Within closed		transferred reference, and a strategic free free free for the desirable desirable process. A strategic free for	to the transfer of the transfe		*
. Within closed		transferritoria, per per per per per per como como per		And the second of the second o	•
. Within closed		Accounte instrumente Colo	Bonosia Sloven and Od		e de la composiçõe de la c
ciosec					
	1 1 year before you filed for	bankruptcy, were any financial ac	ccounts or instruments held ir	n your name, or for your bei	nefit,
	d, sold, moved, or transferr				
broker	re checking, savings, mone rade houses, pension fund	y market, or other financial accou s, cooperatives, associations, and	ints; certificates of deposit; sh	nares in banks, credit union	s,
₩ No	, aga madada, pendian idila.	s, cooperatives, associations, and	i other financial institutions.		
	s. Fill in the details.				
		Last 4 digits of account	number Type of account or instrument		st balance before
			HISTI GHIGHT	closed, sold, moved, cl or transferred	osing or transfer
Na	ame of Financial Institution				
,,,,		XXXX	Checking	\$	
Nυ	umber Street		☐ Savings		
			Money market		
		V-1			
			•		
Cit	ly State Zi	P Code	☐ Brokerage		
Cit	ty State Zi	P Code	•		
Cit	ly State Zi		☐ Brokerage		
	ty State Zi ine of Financial Institution	P Code	☐ Brokerage ☐ Other	\$_	
Na	me of Financial Institution		☐ Brokerage ☐ Other ☐ Checking ☐ Savings	\$ _	
Na			☐ Brokerage ☐ Other	\$ _	
Na	me of Financial Institution		☐ Brokerage ☐ Other ☐ Checking ☐ Savings	<u> </u>	
Na	me of Financial Institution mber Street		☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market	<u></u> \$_	

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ebtor 1	Patricia First Name Middle Nam	Marie ne Lest No	Jackson	Case number (# known)
22. Have	you stored property in a	a storage unit o	place other than your home	within 1 year before you filed for bankruptcy?
Office IV	lo es. Fill in the details.			
1	es. Fill in the details.		Who else has or had access to	it? Describe the contents Do you still have it?
	Name of Storage Facility	······································	Name	No
				☐ Yes
	Number Street		Number Street	
			City State ZIP Code	
	City State	ZIP Code		
Part 9:	identify Property	y You Hold or	Control for Someone Eis	_
3. Do y				y property you borrowed from, are storing for,
OI, III	nu in must for someone.	. ,	The second secon	y property you borrowed from, are storing for,
22 N	o es. Fill in the details.			
- '	, or ar use ucidits.	ı	Where is the property?	Barrella M
		•	mere is the property r	Describe the property Value
į	Owner's Name			\$
i	Number Street	No	umber Street	***************************************
_				
		Ci	ty State	70.0
	City State	ZIP Code		ZIP Code
art 10	Give Details Abou	ut Environme	ntal information	
or the p	urpose of Part 10, the fo	llowing definition	ons apply:	
		o, wastes, or mi	or local statute or regulation aterial into the air, land, soil, he cleanup of these substan	concerning pollution, contamination, releases of surface water, groundwater, or other medium, CRS wastes or material
Site m	eans any location, facili	ty, or property a		mental law, whether you now own, operate, or
Hazar	dous material means an	ything an enviro		zardous waste, hazardous substance, toxic
			t you know about, regardless	of when they are a
⊠ No		ineu you that ye	ou may be liable or potentially	/ liable under or in violation of an environmental law?
☐ Ye	s. Fill in the details.			
		G	overnmental unit	Environmental law, if you know it Date of notice
Nan	ne of site	Gov	remmental unit	
Nun	nber Street	Nun	nber Street	
****	- Marie I	City	State ZIP Code	
		·		
G **				

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	Patricia First Name Midd	Marie Re Name Las	Jackson Il Name	Case number (if known)	
		vernmental unit	of any release of hazardous mate	erial?	
	lo 'es. Fill in the details	•			
	os. I in in the details	3.	Governmental unit	Environmental law 16 years by and to	
				Environmental law, if you know it	Date of notice
	Name of site		Governmental unit		:
,			Governmental unit		·
1	Number Street		Number Street		
-				_	
			City State ZIP Code		
7	City	State ZIP Code	•		
ave '	vou been a party in :	anv indicial or ad	ministrativo magazadia a contra		
1 No	you been a party m	any judicial or ad	ministrative proceeding under a	ny environmental law? Include settlemen	ts and orders.
	o es. Fill in the details.				
_		•	Court on annual	_	Status at the
			Court or agency	Nature of the case	Status of the case
Ca	ase title				0 -
			Court Name		Pending
			Number Street		U On appe
					☐ Conclude
_	ise number		•		
		15 15 15	City State ZIP Co		
dd: thin	Give Details A 4 years before you A sole proprietor of	filed for bankrup r self-employed i	iness or Connections to Any tcy, did you own a business or h n a trade, profession, or other a	y Business have any of the following connections to a	any business?
11: ithin	Give Details A 4 years before you A sole proprietor of A member of a limit	filed for bankrup r self-employed i ted liability comp	iness or Connections to An	y Business have any of the following connections to a	any business?
ithin	Give Details A 4 years before you A sole proprietor of A member of a limit A partner in a partner	filed for bankrup r self-employed i ted liability comp tership	iness or Connections to Any tcy, did you own a business or h n a trade, profession, or other ac any (LLC) or limited liability part	y Business have any of the following connections to a	any business?
ithin	Give Details A 4 years before you A sole proprietor of A member of a limit A partner in a partn An officer, director,	filed for bankrup r self-employed i ted liability comp rership , or managing exc	iness or Connections to Any tcy, did you own a business or h n a trade, profession, or other ac any (LLC) or limited liability part ecutive of a corporation	y Business have any of the following connections to a ctivity, either full-time or part-time nership (LLP)	any business?
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Debtor 1	Patricia First Name	Marie Middle Name Last N	Jackson	Case number	(if known)
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	City	State ZIP Code			From To
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	City	State ZIP Code			
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	Yes				
Did y	ou pay or agree	to pay someone who is	not an attorney to help you fill out	bankruptcy form	ns?
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☐ Y	es. Name of pers	on		Attach ti	he Bankruptcy Petition Preparer's Notice,
				Declara	tion, and Signature (Official Form 119).

Creditor Matrix

(./Creditor_matrix_help.pdf)

Bankruptcy Court for the Northern District of Illinois

≮ BACK (./)

Review Your Matrix Before Submitting

If your matrix is complete and you are ready to submit it to the court, please certify and click **Send Matrix**.

If you are NOT ready to submit it, please click Save Matrix.

Remember your pin number. You will need it to continue working on your current matrix or to amend your matrix at a later date.

E Save Matrix (thankyou?method=SAVE) NEW Existing Deleted Total Send Matrix

Patricia Jackson (Not You?) (logout) &

Last 4 digits of SSN: 5386

Email: mariabenet450@gmail.com

Phone: 773-287-5686

Pin: 779

☐ I certify this matrix is complete and acknowledge that if this is an amendment to add/delete creditors in a current bankruptcy case, I may be charged an amendment fee.

Columbia House Video Library

PO Box 1114 1400 Fruitridge Avenue Terre Haute, IN 47811

AT&T Wireless Services Inc

Bankruptcy Department PO Box 309 Portland , OR 97207-0309

AT&T

PO Box 5014 Carol Stream, IL 60197-5014

AT&T Wireless

PO Box 2667 Houston, TX 77252-2667

AT&T Wireless

PO Box 8229 Aurora, WI 60572-8229

Afni, Inc

1310 Martin Luther King Drive P O Box 3517 Bloomington, IL 61702-3517

First Premier Bank

PO Box 5524 Sioux Falls, SD 57117-5529

ERC

PO Box 57610 Jacksonville, FL 32241-3870

Credit Collection Services

PO Box 55126 Boston, MA 02205-5126

Credit Collection Services

725 Canton Street Norwood, MA 02062

Caine & Weiner

PO Box 5010 woodland Hills, CA 91365-5010

Columbia House DVD Club

PO Box 1114 1400 Fruitridge Avenue Terre Haute, IN 47811

Columbia House Video Club

PO Box 1114 1400 Fruitridge Avenue Terre Haute, IN 47811

Mason Easy Pay

PO Box 2808 Monroe, WI 53566-8008

MRS Associated of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003

Liberty Mutual Group

PO Box 505 Saint Louis, MO 63166-0595

K Jordan

PO Box 2809 Monroe, WI 53566-8009

IC System

PO Box 64438 ST. Paul, MN 55164-0378

Halsted Financial Services, LLC PO Box 828 Skokie, IL 60076-0828

Guthy Renker/Perricone MD

PO Box 360639 Des Moines, IA 50336-7639

Luminess Direct LLC

Receivable Department 12802 Capricorn Drive Stafford, TX 77477

Perricone MD

PO Box 361448 Des Moines, IA 50336-1448

Proactiv

PO Box 361448 Des Moines, IA 50336-1448

Nationwide Credit, Inc

PO Box 26314 Lehigh Valley, PA 18002-6314

NCO Financial Collection Agencies

PO Box 41457 Philadelphia, PA 19101-1457

National Pen Company

PO Box 847203 Dallas, TX 75284-67203

Masseys

PO Box 2822 Monroe, WI 53566-8022 **DJO, LLC**PO Box 660117
Dallas, TX 75266-0117

AArgon Collection Agency 8668 Spring Mountain Road Las Vegas, NV 89117-4113

TitleMax of Illinois 2834 North Harlem Avenue Elmwood Park, IL 60707

Vogue

Processing Center PO Box 37653 Boone, IA 50067-0653

Sunrise Credit Services

PO Box 9100 Farmingdale, NY 11735-9100

Publishers Clearing House PO Box 6344

Harlan, IA 51593-1844

Monterey Collections PO Box 5199

Oceanside, CA 92052

Chicago Health Medical Group

ATTN #11730Y PO Box 14000 Belfast, ME 04915-4033

West Suburban Medical Center

Department 4658 Carol Stream, IL 60122-4658

CMRE Financial Services, Inc

3075 E Imperial HWY, Site 200 Brea, CA 92821-6753

First Financial Asset Mgmt

PO Box 56245 Atlanta, GA 30343

Commonwealth Financial Systems, Inc

245 Main Street Dickson City, PA 18519

CEPAMERICA

PO Box 582663 Modesto, CA 95358-0046

Affiliated Radiologists, S.C.

Dept 4104 Carol Stream, IL 60122-4104

Loyola University Mediucal Center

PO Box 3021 Milwaukee, WI 53201-3021

Kirk Eye Center

Billing7427 Lake Street River Forest, IL 60305

Illinois Laboratory Medicine Associates, Ltd.

PO Box 5966 Carol Stream, IL 60197-5966

Heart Care Center

PO Box 766 Bedford Park, IL 60499-0766

Millennia Patient Services

PO Box 102594 Atlanta, GA 30368

Camilleri Medical Center, Ltd

2618 Ridgeland Acenue Berwyn, IL 60402-5184

GPDS

350 Northwest HWY

Suite 302 Park Ridge, IL 60068

Stanislaus Credit Control Service, Inc 914 14th Street

Modesto, CA 95353

Veldos, LLC PO Box 2824 Woodstock, GA 30188

Total Card, Inc 5109 S. Broadband Lane Sioux Falls, SD 57108

EPMG of Illinois

PO Box 95968 Oklahoma City, OK 73143-5968

River Forest Imaging

PO Box 4660 Carol Stream, IL 60122-4660

DataSearch, Inc

PO Box 461289 San Antonio, TX 78246-1289

Dynamic Recovery Solutions

PO Box 25759 Greenville, SC 29616-0759

Wilma LTD DBA Pearle Express

PO Box 3495 Toledo, OH 43607-0495

Suburban Otolaryngology

3340 S Osk Park Avenue, Ste 204 Berwyn, IL 60402-2401

River Forest Imaging

Department 4660 Carol Stream, IL 60122-0001

Pearle Vision-Melrose Park

904 W North Avenue Melrose Park, IL 60160

Pulmonology Critical Care Physicians

541 Otis Bowen Drive Munster, IN 46321-4158

Orthopaedic Associates of Riverside

363 Burlington Street Suite 100 Riverside, IL 60546-2082

Nationwide Credit and Collection, Inc

c/o Evergreen Bank Group

PO Box 3219 Oak Brook, IL 60522-3219

Neurologic Care Associates, PC 3340 S Osk Park Avenue, Ste 200 Berwyn, IL 60402

M3 Financial Services

PO Box 7230 Westchester, IL 60154-6230

Metropolitan Advanced Radiological Services, 1362 Paysphere Circle Chicago, IL 60674-1362

4Path LTD

8238 S. Madison Street Burr Ridge, IL 60527-5811

Medical Recovery Specialists, LLC 2250 W Devon Ave STE 352 Des Plaines, IL 60018-4521

MacNeal Hospital

2384 Paysphere Circle Chicago, IL 60674-0023

MacNeal Hospital

9039 Collection Center Dr. Chicago, IL 60693-0066